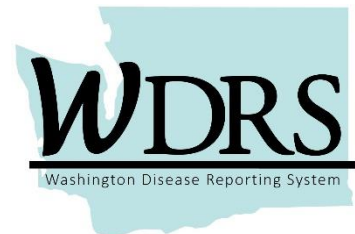


# Washington Disease Reporting System

## Hepatitis (B & C) Disease Instruction

### Manual

Washington State Department of Health  
Office of Infectious Diseases &  
Office of Communicable Disease Epidemiology



2018





DOH 150-120 June 2018

This guide is non-exhaustive and only includes fields that need additional explanation. Please direct questions on topics not covered in this guide to your disease-specific point of contact.

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| KEY to Symbols  |                                     |
|---|-------------------------------------|
|  | Pay particular attention            |
|  | Remember to save the patient record |

Contact the Washington State Department of Health Hepatitis Program  
General Hepatitis C Email [hepatitis@doh.wa.gov](mailto:hepatitis@doh.wa.gov)  
General Hepatitis B/D Email: [CommDisEpi@doh.wa.gov](mailto:CommDisEpi@doh.wa.gov)

**Supplementary WDRS training materials can be found on the main WDRS page**  
(<https://www.doh.wa.gov/WDRS>) **or the Hepatitis WDRS page**  
(<https://www.doh.wa.gov/WDRSHepatitis>).

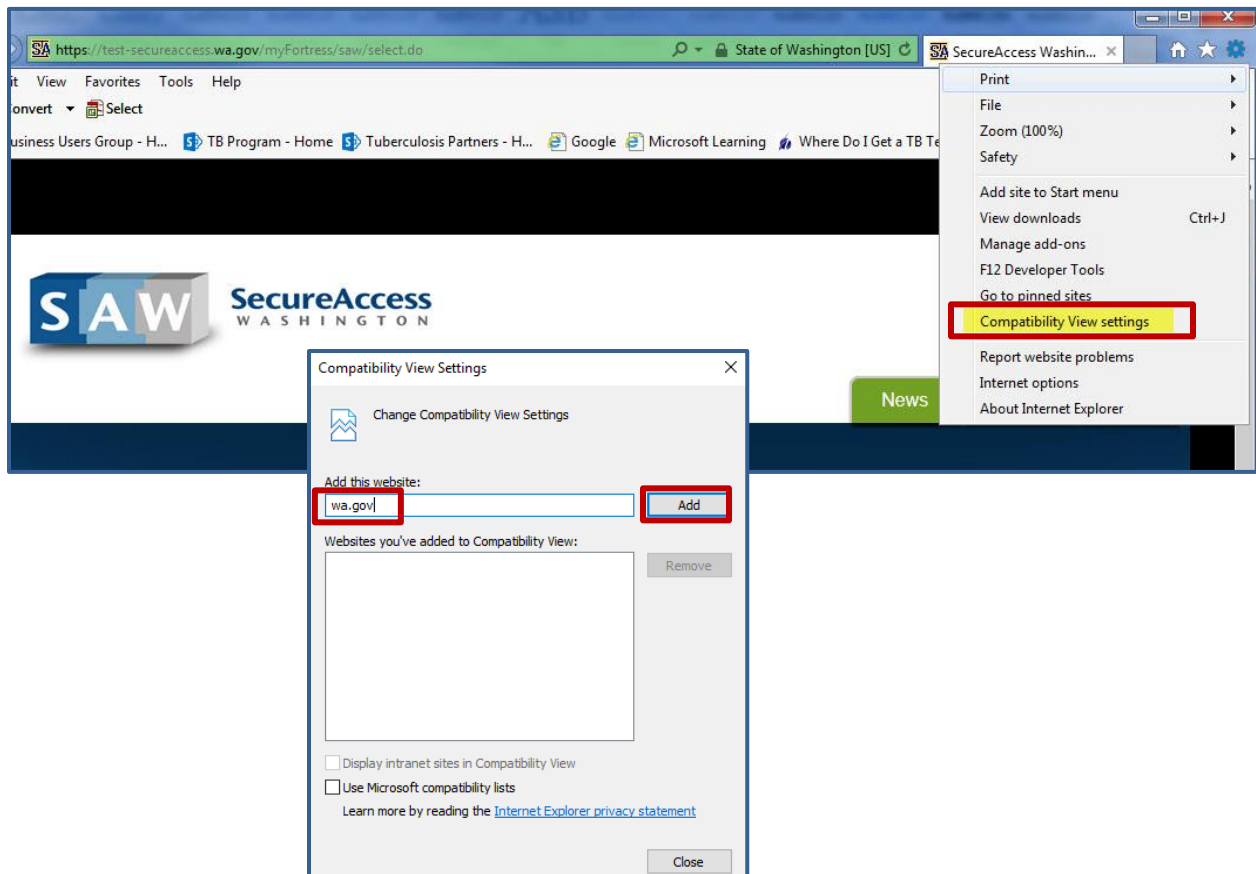
Disclaimer: The examples used in this reference guide are fictitious. Any resemblance between any person or case illustrated in this reference guide and an actual person or case is purely coincidental.

For persons with disabilities, this document is available on request in other formats. To submit a request, please call 1-800-525-0127 (TDD/TTY call 711).

## Getting Started

The Washington Disease Reporting System (WDRS) Hepatitis Disease Model is used to report cases of hepatitis to the Washington State Department of Health (DOH).

**If you are using Internet Explorer:** When logging into SecureAccess Washington (SAW), adjust your **Compatibility View settings** to avoid WDRS freezing issues. Click on the 'Tools' icon on the top right hand corner of the page. Select **Compatibility View settings** from the dropdown menu and a pop-up menu will appear. Select **wa.gov** from the 'Add this website' window and click on the 'Add' button to drop the website down to the 'Websites you've added to Compatibility View' field. Click the 'Close' button and continue to log into SAW as normal.



If you are unable to login to SAW, call Service Central at **360-236-4357**. It will help to have your error message ready.

Once you are logged into WDRS through SAW, search for a patient or create a new patient record from the **WDRS Home Page**. For guidance on how to **Search for a Patient** or **Create a New Event** (Patient Record), refer to the general [WDRS Reference Guide](#).

Washington Disease Reporting System Staging 02/20/2017 Enter Case ID or Search Term... [Search](#) [Heidi Iyall](#)

**Workflows**

Workflow Queue Events

No workflows to display [More ...](#)

**Tasks**

| Type                | Priority | Full Name | Disease |
|---------------------|----------|-----------|---------|
| No tasks to display |          |           |         |

[More ...](#)

**Recent Cases**

| Event ID        | Full Name | Disease |
|-----------------|-----------|---------|
| No Recent Cases |           |         |

[More ...](#)

**Welcome To Washington Disease Reporting 02/20/2017**

This is customizable area for deployment specific dashboard content. To get started, please review the latest [user guide](#).

**Calendar**

[Manage appointments](#)

**Activity**

**Activity Summary as of 02/22/2017 02:41 PM**

| Type         | # Last Week | # Average Last 4 Weeks | # Last 52 Weeks |
|--------------|-------------|------------------------|-----------------|
| Lead adult   | 1           | 0                      | 1               |
| TB contact   | 3           | 0                      | 3               |
| TB disease   | 58          | 14                     | 58              |
| TB infection | 1           | 0                      | 1               |

**Help Desk**

[Contact Us](#) [Email Us](#)

1-800-SUPPORT [help@support.org](mailto:help@support.org)

**WDRS  
Home Page**

Once you have created, or found, a patient [event](#) (patient record), the **Event Summary** screen will be displayed.

Washington Disease Reporting System Staging 02/20/2017 Enter Case ID or Search Term... [Search](#) [Heidi Iyall](#)

**Event Summary**

**Basic Information**

|                         |  |
|-------------------------|--|
| Event ID:               | 100000071  |
| External ID:            | 100000071  |
| Disease:                | TB disease   |
| Person:                 | <a href="#">Papa Smurf</a> Birth Date: 02/22/1950 ( 67 yo Male ) |
| Dates:                  | Create Date: 02/22/2017  |
| Type:                   | Interactive  |
| Investigation Status:   | Open   |
| Linked Events/Contacts: | 0 linked event(s)/contact(s) ( <a href="#">View</a> )            |
| Attachments:            | 0 attachment(s) ( <a href="#">Add</a> )                          |

[Edit Event Properties](#) [Copy Event](#)

**Notes** ([Add/Edit](#) | [Show My Notes](#))

Event Data Lab Results Concerns Persons Tasks Calendar Event Properties Event History

**Question Packages**

| Question Package           | Person     | Last Update | Updated By           | Status     |
|----------------------------|------------|-------------|----------------------|------------|
| Administrative             | Papa Smurf | 02/22/2017  | Heidi Iyall [hiyall] | Incomplete |
| Demographics               | Papa Smurf | 02/22/2017  | Heidi Iyall [hiyall] | Incomplete |
| Risk                       | Papa Smurf | 02/22/2017  | Heidi Iyall [hiyall] | Incomplete |
| Diagnostics and Evaluation | Papa Smurf | 02/22/2017  | Heidi Iyall [hiyall] | Incomplete |
| Treatment                  | Papa Smurf | 02/22/2017  | Heidi Iyall [hiyall] | Incomplete |
| Additional Information     | Papa Smurf | 02/22/2017  | Heidi Iyall [hiyall] | Completed  |
| CDC Notification           | Papa Smurf | 02/22/2017  | Heidi Iyall [hiyall] | Completed  |

[View Question Package](#) Wizards  [View Wizard](#)

**Event  
Summary  
screen**

There are two ways to enter data for a new [event](#) in WDRS: use **Wizards** or use individual **Question Packages**. Both can be found at the bottom of the **Event Summary Screen**.

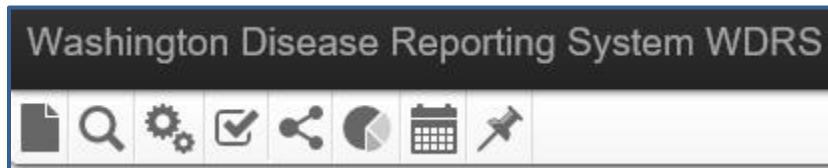
| Event Data  | Lab Results  | Concerns    | Persons                   | Tasks      | Surveys | Calendar | Event Properties | Event History |                  |        |             |            |        |                |              |            |                           |            |                |              |            |                           |            |              |              |            |                           |            |                     |              |            |                           |            |           |              |            |                           |           |                        |              |            |                           |            |          |              |            |                           |            |                 |              |            |                           |            |           |              |            |                           |           |       |              |            |                           |           |                     |              |            |                           |            |                  |              |            |                           |           |
|---|--------------|-------------|---------------------------|------------|---------|----------|------------------|---------------|------------------|--------|-------------|------------|--------|----------------|--------------|------------|---------------------------|------------|----------------|--------------|------------|---------------------------|------------|--------------|--------------|------------|---------------------------|------------|---------------------|--------------|------------|---------------------------|------------|-----------|--------------|------------|---------------------------|-----------|------------------------|--------------|------------|---------------------------|------------|----------|--------------|------------|---------------------------|------------|-----------------|--------------|------------|---------------------------|------------|-----------|--------------|------------|---------------------------|-----------|-------|--------------|------------|---------------------------|-----------|---------------------|--------------|------------|---------------------------|------------|------------------|--------------|------------|---------------------------|-----------|
| <div><div>Question Packages</div><table><tr><th>Question Package</th><th>Person</th><th>Last Update</th><th>Updated By</th><th>Status</th></tr><tr><td>Administrative</td><td>Test Patient</td><td>05/22/2018</td><td>Jennifer Hubber [JHubber]</td><td>Incomplete</td></tr><tr><td>Communications</td><td>Test Patient</td><td>05/22/2018</td><td>Jennifer Hubber [JHubber]</td><td>Incomplete</td></tr><tr><td>Demographics</td><td>Test Patient</td><td>05/22/2018</td><td>Jennifer Hubber [JHubber]</td><td>Incomplete</td></tr><tr><td>Clinical Evaluation</td><td>Test Patient</td><td>05/22/2018</td><td>Jennifer Hubber [JHubber]</td><td>Incomplete</td></tr><tr><td>Pregnancy</td><td>Test Patient</td><td>05/22/2018</td><td>Jennifer Hubber [JHubber]</td><td>Completed</td></tr><tr><td>Laboratory Diagnostics</td><td>Test Patient</td><td>05/22/2018</td><td>Jennifer Hubber [JHubber]</td><td>Incomplete</td></tr><tr><td>Exposure</td><td>Test Patient</td><td>05/22/2018</td><td>Jennifer Hubber [JHubber]</td><td>Incomplete</td></tr><tr><td>Linkage to Care</td><td>Test Patient</td><td>05/22/2018</td><td>Jennifer Hubber [JHubber]</td><td>Incomplete</td></tr><tr><td>Insurance</td><td>Test Patient</td><td>05/22/2018</td><td>Jennifer Hubber [JHubber]</td><td>Completed</td></tr><tr><td>Death</td><td>Test Patient</td><td>05/22/2018</td><td>Jennifer Hubber [JHubber]</td><td>Completed</td></tr><tr><td>PH Issues &amp; Actions</td><td>Test Patient</td><td>05/22/2018</td><td>Jennifer Hubber [JHubber]</td><td>Incomplete</td></tr><tr><td>CDC Notification</td><td>Test Patient</td><td>05/22/2018</td><td>Jennifer Hubber [JHubber]</td><td>Completed</td></tr></table><div><div>View Question Package</div><div>Wizards<div></div></div><div>View Wizard</div></div></div> |              |             |                           |            |         |          |                  |               | Question Package | Person | Last Update | Updated By | Status | Administrative | Test Patient | 05/22/2018 | Jennifer Hubber [JHubber] | Incomplete | Communications | Test Patient | 05/22/2018 | Jennifer Hubber [JHubber] | Incomplete | Demographics | Test Patient | 05/22/2018 | Jennifer Hubber [JHubber] | Incomplete | Clinical Evaluation | Test Patient | 05/22/2018 | Jennifer Hubber [JHubber] | Incomplete | Pregnancy | Test Patient | 05/22/2018 | Jennifer Hubber [JHubber] | Completed | Laboratory Diagnostics | Test Patient | 05/22/2018 | Jennifer Hubber [JHubber] | Incomplete | Exposure | Test Patient | 05/22/2018 | Jennifer Hubber [JHubber] | Incomplete | Linkage to Care | Test Patient | 05/22/2018 | Jennifer Hubber [JHubber] | Incomplete | Insurance | Test Patient | 05/22/2018 | Jennifer Hubber [JHubber] | Completed | Death | Test Patient | 05/22/2018 | Jennifer Hubber [JHubber] | Completed | PH Issues & Actions | Test Patient | 05/22/2018 | Jennifer Hubber [JHubber] | Incomplete | CDC Notification | Test Patient | 05/22/2018 | Jennifer Hubber [JHubber] | Completed |
| Question Package  | Person       | Last Update | Updated By                | Status     |         |          |                  |               |                  |        |             |            |        |                |              |            |                           |            |                |              |            |                           |            |              |              |            |                           |            |                     |              |            |                           |            |           |              |            |                           |           |                        |              |            |                           |            |          |              |            |                           |            |                 |              |            |                           |            |           |              |            |                           |           |       |              |            |                           |           |                     |              |            |                           |            |                  |              |            |                           |           |
| Administrative  | Test Patient | 05/22/2018  | Jennifer Hubber [JHubber] | Incomplete |         |          |                  |               |                  |        |             |            |        |                |              |            |                           |            |                |              |            |                           |            |              |              |            |                           |            |                     |              |            |                           |            |           |              |            |                           |           |                        |              |            |                           |            |          |              |            |                           |            |                 |              |            |                           |            |           |              |            |                           |           |       |              |            |                           |           |                     |              |            |                           |            |                  |              |            |                           |           |
| Communications  | Test Patient | 05/22/2018  | Jennifer Hubber [JHubber] | Incomplete |         |          |                  |               |                  |        |             |            |        |                |              |            |                           |            |                |              |            |                           |            |              |              |            |                           |            |                     |              |            |                           |            |           |              |            |                           |           |                        |              |            |                           |            |          |              |            |                           |            |                 |              |            |                           |            |           |              |            |                           |           |       |              |            |                           |           |                     |              |            |                           |            |                  |              |            |                           |           |
| Demographics  | Test Patient | 05/22/2018  | Jennifer Hubber [JHubber] | Incomplete |         |          |                  |               |                  |        |             |            |        |                |              |            |                           |            |                |              |            |                           |            |              |              |            |                           |            |                     |              |            |                           |            |           |              |            |                           |           |                        |              |            |                           |            |          |              |            |                           |            |                 |              |            |                           |            |           |              |            |                           |           |       |              |            |                           |           |                     |              |            |                           |            |                  |              |            |                           |           |
| Clinical Evaluation   | Test Patient | 05/22/2018  | Jennifer Hubber [JHubber] | Incomplete |         |          |                  |               |                  |        |             |            |        |                |              |            |                           |            |                |              |            |                           |            |              |              |            |                           |            |                     |              |            |                           |            |           |              |            |                           |           |                        |              |            |                           |            |          |              |            |                           |            |                 |              |            |                           |            |           |              |            |                           |           |       |              |            |                           |           |                     |              |            |                           |            |                  |              |            |                           |           |
| Pregnancy   | Test Patient | 05/22/2018  | Jennifer Hubber [JHubber] | Completed  |         |          |                  |               |                  |        |             |            |        |                |              |            |                           |            |                |              |            |                           |            |              |              |            |                           |            |                     |              |            |                           |            |           |              |            |                           |           |                        |              |            |                           |            |          |              |            |                           |            |                 |              |            |                           |            |           |              |            |                           |           |       |              |            |                           |           |                     |              |            |                           |            |                  |              |            |                           |           |
| Laboratory Diagnostics  | Test Patient | 05/22/2018  | Jennifer Hubber [JHubber] | Incomplete |         |          |                  |               |                  |        |             |            |        |                |              |            |                           |            |                |              |            |                           |            |              |              |            |                           |            |                     |              |            |                           |            |           |              |            |                           |           |                        |              |            |                           |            |          |              |            |                           |            |                 |              |            |                           |            |           |              |            |                           |           |       |              |            |                           |           |                     |              |            |                           |            |                  |              |            |                           |           |
| Exposure  | Test Patient | 05/22/2018  | Jennifer Hubber [JHubber] | Incomplete |         |          |                  |               |                  |        |             |            |        |                |              |            |                           |            |                |              |            |                           |            |              |              |            |                           |            |                     |              |            |                           |            |           |              |            |                           |           |                        |              |            |                           |            |          |              |            |                           |            |                 |              |            |                           |            |           |              |            |                           |           |       |              |            |                           |           |                     |              |            |                           |            |                  |              |            |                           |           |
| Linkage to Care   | Test Patient | 05/22/2018  | Jennifer Hubber [JHubber] | Incomplete |         |          |                  |               |                  |        |             |            |        |                |              |            |                           |            |                |              |            |                           |            |              |              |            |                           |            |                     |              |            |                           |            |           |              |            |                           |           |                        |              |            |                           |            |          |              |            |                           |            |                 |              |            |                           |            |           |              |            |                           |           |       |              |            |                           |           |                     |              |            |                           |            |                  |              |            |                           |           |
| Insurance   | Test Patient | 05/22/2018  | Jennifer Hubber [JHubber] | Completed  |         |          |                  |               |                  |        |             |            |        |                |              |            |                           |            |                |              |            |                           |            |              |              |            |                           |            |                     |              |            |                           |            |           |              |            |                           |           |                        |              |            |                           |            |          |              |            |                           |            |                 |              |            |                           |            |           |              |            |                           |           |       |              |            |                           |           |                     |              |            |                           |            |                  |              |            |                           |           |
| Death   | Test Patient | 05/22/2018  | Jennifer Hubber [JHubber] | Completed  |         |          |                  |               |                  |        |             |            |        |                |              |            |                           |            |                |              |            |                           |            |              |              |            |                           |            |                     |              |            |                           |            |           |              |            |                           |           |                        |              |            |                           |            |          |              |            |                           |            |                 |              |            |                           |            |           |              |            |                           |           |       |              |            |                           |           |                     |              |            |                           |            |                  |              |            |                           |           |
| PH Issues & Actions   | Test Patient | 05/22/2018  | Jennifer Hubber [JHubber] | Incomplete |         |          |                  |               |                  |        |             |            |        |                |              |            |                           |            |                |              |            |                           |            |              |              |            |                           |            |                     |              |            |                           |            |           |              |            |                           |           |                        |              |            |                           |            |          |              |            |                           |            |                 |              |            |                           |            |           |              |            |                           |           |       |              |            |                           |           |                     |              |            |                           |            |                  |              |            |                           |           |
| CDC Notification  | Test Patient | 05/22/2018  | Jennifer Hubber [JHubber] | Completed  |         |          |                  |               |                  |        |             |            |        |                |              |            |                           |            |                |              |            |                           |            |              |              |            |                           |            |                     |              |            |                           |            |           |              |            |                           |           |                        |              |            |                           |            |          |              |            |                           |            |                 |              |            |                           |            |           |              |            |                           |           |       |              |            |                           |           |                     |              |            |                           |            |                  |              |            |                           |           |

Question package, or tabular, entry requires you to enter data through individual question packages and choose the fields to input. Wizards, however, are condition-specific and take relevant questions from the different question packages to create one page for data entry.



**Wizards are the recommended method for data entry.** See the [Wizards](#) section to learn more.

## WDRS Toolbar



The toolbar displays icons that initiate most activities. It can be found at the top left-hand side of the WDRS Home Screen **Your role will determine which icons you see**. The toolbar will change depending on your activities in WDRS. The icons listed below are the most widely-available action items in WDRS.



**Create Event** – used to create a new event.



**Search Event / Search Case** – used to search for an existing event, based on various search criteria (such as case name).



**Workflow / Workflow Queue** – used to view user workflow queues. Workflow queues are designed to bring attention to events that need user action. Please see the section on [Workflows](#) in this guide for additional information about Hepatitis B & C-specific workflows.



**Tasks** – used to assign and update statuses of specific tasks.



**Reports / Maven Reporting** – used to view, print and export reports from data entered in WDRS including line list, tabular and extract reports that can be customized for local or state use.

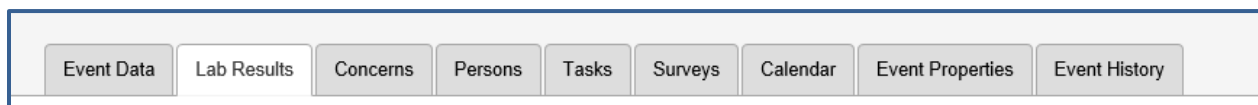


**View User Calendar** – user tool for adding and viewing tasks, meetings, appointments, and more.



**Recent Events** – provides easy access to the previous 20 events that have been viewed by the current user.

## WDRS Tabs on the Event Summary Page



**Event Data** - The Event Data tab is where the questions packages for this event are located. Question packages are used to view and edit information on an event.

**Lab Results** - The Lab Results tab is where you add and review labs for this event. This is also where electronic lab reports will be viewable.

**Concerns** -The Concerns tab is where you can view any concern for the event. A concern is an important issue that could affect the event. There are two types of concerns: 1) a system-generated concern is automatically generated by WDRS and is used to highlight important characteristics of the event (potential data entry issues, pediatric case, multidrug resistance, etc.); and, 2) a user-generated concern is created by the user to bring attention to an issue.

**Persons** - The Persons tab provides details about the person associated with the event, and is used to add or update identifying and contact information about the person.

**Tasks** - The Tasks tab provides information about any task associated with an open event. You can add Tasks here.

**Calendar** - The WDRS Calendar tab provides a simple solution for organizing team meetings, client appointments, and resources usage.

**Event History** - The Event History tab provides a history of when the event was created and updated, including details about what changes were made to a question package and who made them. It can provide a helpful snapshot of the history of changes made to the event. This history is displayed at the question package level, not by individual question.

## Tips and Tricks



- Hover over the **information icon** for more information about a question/field.
- Some questions have **additional drop down questions** that may not be visible until you select an answer for the question in view.
- Pay attention to **red text**, which may indicate concerns or incomplete sections needing your attention.



- **Please leave fields blank if the question was not asked or is not applicable.** Select “Unknown” only when there was an attempt to get the information and the answer is unknown.

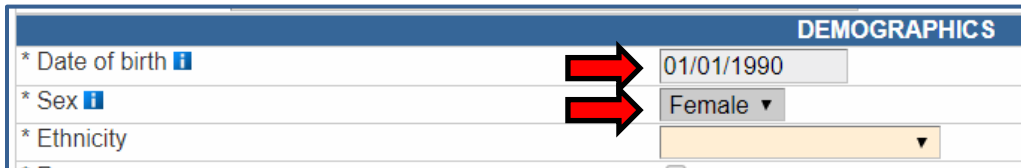


- **Save early and often!** The WDRS system will automatically time out due to inactivity after 20 minutes, and there is no autosave function.
- The handling of **uncertain dates** in WDRS varies by program area. For Hepatitis:
  - **If month and year are known and you can make a close estimate of the day (e.g. got sick “a week ago”), pick a day.**
  - **If the month and year are known and you cannot make a close estimate of the day (e.g. got sick “since March”), input the first of the month for that month and year.** Note: Select ‘Derived’ = Yes when you cannot make a close estimate of the day.
  - If the date is completely unknown, leave the field blank. This is especially important for the symptom onset date.



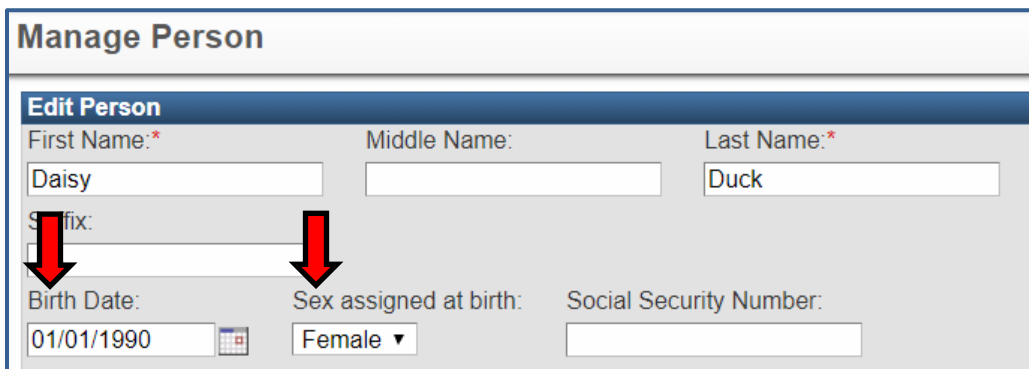
- Some **greyed out fields** do not allow changes to be made on the current screen. If changes to these fields are needed, make the change on the page where the information was originally entered.

For example, if you are navigating a wizard, you cannot change Date of birth or Sex directly in the wizard.



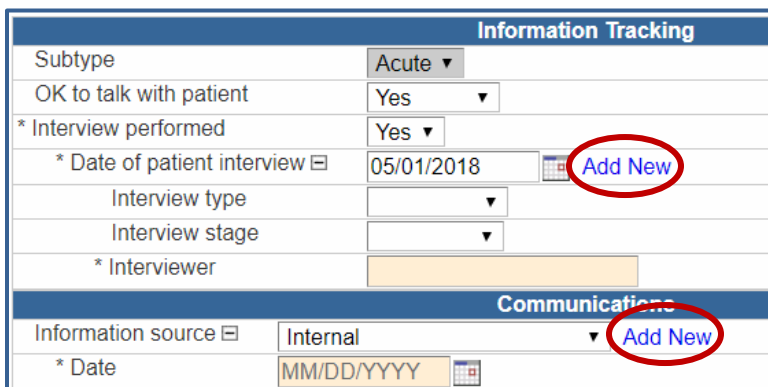
| DEMOGRAPHICS      |            |
|-------------------|------------|
| * Date of birth ⓘ | 01/01/1990 |
| * Sex ⓘ           | Female ▼   |
| * Ethnicity       |            |

To modify these particular fields, you need to return to the 'Edit Person' screen.



| Manage Person |                        |                         |
|---------------|------------------------|-------------------------|
| Edit Person   |                        |                         |
| First Name:*  | Middle Name:           | Last Name:*             |
| Daisy         |                        | Duck                    |
| Suffix:       |                        |                         |
| Birth Date:   | Sex assigned at birth: | Social Security Number: |
| 01/01/1990    | Female ▼               |                         |

- Anywhere you see an **"Add New"** link, you may click on it to make additional entries for that question (called a 'repeatable'). Repeatable questions are indicated throughout this guide with a diamond symbol (◆).



| Information Tracking          |                                    |
|-------------------------------|------------------------------------|
| Subtype                       | Acute ▼                            |
| OK to talk with patient       | Yes ▼                              |
| * Interview performed         | Yes ▼                              |
| * Date of patient interview ⓘ | 05/01/2018 <a href="#">Add New</a> |
| Interview type                | ▼                                  |
| Interview stage               | ▼                                  |
| * Interviewer                 |                                    |
| Communications                |                                    |
| Information source ⓘ          | Internal <a href="#">Add New</a>   |
| * Date                        | MM/DD/YYYY                         |

- When the magnifying glass or **search icon** appears next to a field, click on the icon to search for a response from a preexisting list.



\* Investigator 

Best practice is to enter the first two or three letters of the name followed by an asterisk(\*). This is called the **Wildcard Function**, which searches for terms that match the initial characters input and unknown characters following the asterisk.

For example, for a search of Providence Hospital, you could type "Pr\*". This would pull up options that start with 'Pr'. For more information on this function, see the general [WDRS Reference Guide](#).

| Search Party                               |                       |
|--|-----------------------|
| <b>Search Criteria</b>                     | <b>Search Results</b> |
| Type: <input type="text"/>                 | <b>Search Results</b> |
| Status: Active <input type="text"/>        | Name                  |
| Full Name: Pr* <input type="text"/>        | Primary Care          |
| City: <input type="text"/>                 | Primary Care          |
| State: <input type="text"/>                | Primary Care          |
| Zip Code: <input type="text"/>             | Primary Care          |
| Street: <input type="text"/>               | Primary Health        |
| Phone: <input type="text"/>                | Primary Inf Cli       |
| <b>Sort Options</b>                        | Primerica Life        |
| Sort By: Name <input type="text"/>         | Proliance Surg        |
| Sort Order: Ascending <input type="text"/> | Prosser Memo          |
| <b>Search Options</b>                      | Showing 1 to          |

- To **edit Person information**, such as address or vital status, navigate to the **Event Summary** screen, click on the **Persons** tab, and select 'Edit Person' (option 1). You can also click on the hyper-linked name of the person in the **Basic Information** section, and select 'Edit Person' (option 2).

**Option 1.**

| Persons        |                       |
|----------------|-----------------------|
| Name           | Sex assigned at birth |
| ▶ Test Patient | Female                |
|                |                       |
|                |                       |
|                |                       |
|                |                       |

Edit Person

**Option 2.**

| Basic Information       |   |
|-------------------------|---|
| Event ID:               | 100000084   |
| Disease:                | Hepatitis C   |
| Person:                 | <a href="#">Fake Patient</a> Birth Date: 01/01/1990 ( 28 yo Female )  |
| Dates:                  | Create Date: 05/08/2018   |
| Type:                   | Interactive   |
| Investigation Status:   | Open ( <a href="#">Change to Closed</a> )   |
| Linked Events/Contacts: | 0 linked event(s)/contact(s) ( <a href="#">View</a> )   |
| Linked Exposure Sites:  | 0 linked exposure site(s) ( <a href="#">View</a> )  |
| Attachments:            | 0 attachment(s) ( <a href="#">Add</a> )   |
| Notices:                | <b>Workflow Status (1)</b><br>Event is in workflows ( <a href="#">View List</a> )<br><b>General Notifications (1)</b><br><b>Vital Status: Alive</b> |

Edit Event Properties Copy Event

| Contact Information |         |             |         |                 |   |
|---------------------|---------|-------------|---------|-----------------|---|
| Type                | Address | County      | Country | GIS Info        | Action                                      |
| Home * Primary      | WA      | King County | USA     | Incomplete Data | <a href="#">Edit</a> <a href="#">Delete</a> |

Edit Person

## ELR-Created Events

New events that are created as a result of an Electronic Laboratory Report (ELR) can be accessed in the [workflow](#) categories: **Lab reports for review – action required** and **Potential chronic hepatitis cases – action required**. Events in these workflows will require review to determine whether they are acute, chronic or perinatal.

## Manually Entering Event Data into WDRS: Overview



- 1.) Search for an existing [event/case](#) or person.
  - **Always search for an existing [event](#) or person before creating new event or new person**
  - Please see the general [WDRS Reference Guide](#) for more information.
- 2.) If event/person is not found in the system, create a new event (for this case or person) and enter as much information as possible.
  - The minimum information required to create an event is first and last name for the person, as well as their reported disease condition.
  - It is important to include as much information as possible when creating an event because information entered is used to populate other fields.
  - Please see the general [WDRS Reference Guide](#) for more information.
- 3.) Add, edit, and review lab results under the **Lab Results** tab on the **Event Summary** page.
  - Please see the lab sections of this guide for more information: '[Laboratory Diagnostics](#)' chapter and '[Appendix A](#)'.
- 4.) Use a wizard to enter additional data.
  - Please see the [Wizards](#) section of this guide for more information.
  - If you need to enter lab results, refer to step 3
- 5.) Navigate each question package individually as necessary in order to enter data that is not captured in the wizards.
  - Refer to individual [Question Package](#) sections of this guide for more information

## Wizards

Wizards are a way to make data entry or data viewing easier. They take relevant questions from the different question packages to create one page for data entry. Wizards are the recommended method of data entry.



**Please leave fields blank if the question was not asked or is not applicable. Select “Unknown” only when there was an attempt to get the information and the answer is unknown.**

The following wizards are available for Hepatitis B and C cases:

| Hepatitis B   | Hepatitis C   |
|---|---|
| <ul style="list-style-type: none"> <li><a href="#">Acute Hepatitis B Wizard</a></li> <li><a href="#">Chronic Hepatitis B Surveillance Wizard</a></li> <li><a href="#">Chronic Hepatitis B Interview Wizard</a></li> <li><a href="#">Perinatal Hepatitis B Wizard</a></li> </ul> | <ul style="list-style-type: none"> <li><a href="#">Acute Hepatitis C Wizard</a></li> <li><a href="#">Chronic Hepatitis C Lab Surveillance Wizard</a></li> <li><a href="#">Chronic Hepatitis Wizard</a></li> </ul> |

The following sections are consistent across most wizards (exact details of screenshots may differ slightly):

## Administrative

| ADMINISTRATIVE   |   |
|--|---|
| Select 'Yes' to enter data for an ACUTE hepatitis B case                               | <input type="button" value="Yes"/> ▼    |
| Confirm acute case<br>By: Izumi Chihara<br>Date and time: 04/28/2018 08:08 AM          | <input checked="" type="checkbox"/> Yes |
| Unlock   | <input type="checkbox"/> Yes            |
| Hepatitis D co-infected  | <input type="button" value="Yes"/> ▼    |
| Confirm hepatitis D co-infected case<br>By: Izumi Chihara<br>Date and time: 04/28/2018 | <input checked="" type="checkbox"/> Yes |
| Unlock   | <input type="checkbox"/> Yes            |

## Confirm subtype

- Select 'yes' to confirm subtype (acute, chronic, or perinatal) as soon as possible. Additional question packages will become available after subtype is confirmed.
- If hepatitis D co-infected, select 'yes' to “Hepatitis D co-infected” (applies to Hepatitis B events only).
- To change subtype after it has been confirmed, you must select unlock under disease status in the [Administrative question package](#).
- **After confirming subtype: Changing the subtype in the administrative question package, after data has been entered, will result in loss of all information entered in the wizard.**



## Event Administration

| ACUTE EVENT ADMINISTRATION                                      |                  |
|---|------------------|
| Select the reporting address to assign the county of diagnosis. |                  |
| Street address  | 1610 NE 150th St |
| Street address 2  |                  |
| City  | Shoreline        |
| State   | WA ▼             |
| Zip code  | 98155            |
| County  | King County      |
| Country   | USA              |
| Washington state resident                                       | Yes ▼            |
| * County of diagnosis (accountable county)                      | King County ▼    |
| * LHI notification date   | 04/01/2018       |
| * Investigator  |                  |
| * Investigation start date                                      | 04/02/2018       |
| * Investigation status  | Complete ▼       |
| LHI investigation complete date                                 | 04/28/2018       |
| LHI case classification   | Confirmed ▼      |

### Address Information

- Select the address at the time of reporting in Washington State. The [county of diagnosis](#) (accountable county) will autofill based on address selected.

| Choose Associated Address |            |              |  |                   |                |                            |
|---------------------------|------------|--------------|--|-------------------|----------------|----------------------------|
| Available Contact Points  |            |              |  |                   |                |                            |
| Start Date                | End Date   | Address Type | Address  | Residence Type    | Address Status | Select                     |
| 04/28/2018                | 01/01/2030 | Home         | 1610 NE 150th St<br>Shoreline, WA 98155<br>King County | Private Residence |                | Select as Official Address |
| 01/01/1900                | 04/28/2018 | Home         | WA   |                   |                | Select as Official Address |

Close Help

- To edit or add an address, navigate to the **Event Summary** screen, click on the **Persons** tab, and select 'Edit Person'. You can also click on the hyper-linked name of the person in the **Basic Information** section, and select 'Edit Person' (see [Tips and Tricks](#)).
- If the record was created by an Electronic Laboratory Report (ELR) submission, the address on the lab report will be copied into the person record automatically. It can then be selected using the address selection link in the wizard.
- If a residential address is not available, the address of the provider or laboratory will be used to assign a record to an accountable county.
- To enter address information for a person experiencing homelessness, select 'Other' for **Address Type**, then select 'Homeless' for **Residence Type**.

## LHJ notification date

- Enter the date that the Local Health Jurisdiction (LHJ) was notified of the event.
- The **LHJ notification date** can be different than the **Report date**. For example, if King County received a Pierce County lab result dated 2/1 and sent the lab to Pierce County on 2/5, the **Report date** would be 2/1 and the **LHJ notification date** would be 2/5.

## Investigator

- Use this field to record the investigator responsible for this event.
- Select the **search icon** to search for and select your WDRS username (this is the same as your SAW user ID).



\* Investigator  

| Search User  |                 |   |          |           |        |         |                 |        |
|--|-----------------|---|----------|-----------|--------|---------|-----------------|--------|
| <b>Search Criteria</b><br>Username: <input type="text" value="jhubber"/><br>Status: <input type="text" value="Active"/><br>Role: <input type="text"/><br>Group: <input type="text"/><br><input type="button" value="Search"/> <input type="button" value="Clear"/> |                 | <b>Search Results</b><br><table border="1"> <thead> <tr> <th>Username</th> <th>Full Name</th> <th>Status</th> </tr> </thead> <tbody> <tr> <td>JHubber</td> <td>Jennifer Hubber</td> <td>Active</td> </tr> </tbody> </table> Showing 1 to 1 of 1 entries<br><input type="button" value="First"/> <input type="button" value="Previous"/> <input type="button" value="1"/> <input type="button" value="Next"/> <input type="button" value="Last"/><br><input type="button" value="Select"/> <input type="button" value="Cancel"/> <input type="button" value="Help"/> | Username | Full Name | Status | JHubber | Jennifer Hubber | Active |
| Username   | Full Name       | Status  |          |           |        |         |                 |        |
| JHubber  | Jennifer Hubber | Active  |          |           |        |         |                 |        |

## Investigation start date

- The investigation start date is the date the investigator initiated action on the event.

## Investigation status

- The investigation status must be marked as “Complete,” “Complete – not reportable to DOH,” or “Unable to complete” to enter a record complete date.

## LHJ investigation complete date

- The investigation complete date is entered when an LHJ has completed their active investigation. This date is different than the record complete date.

## LHJ record complete date

- The record complete date is entered when the LHJ is ready to complete the event.
- To complete an event, you must have the following fields answered:
  - County of diagnosis (accountable county).
  - LHJ notification date.
  - Investigator.
  - Investigation start date.



- Investigation status.
- Disease status. The hepatitis event must have a confirmed subtype (acute, chronic, or perinatal). An event cannot be closed with a pending subtype.
- **For acute hepatitis events, entering a date in this field will lock the event information, so all data entry for these events must be complete before entering a record complete date. If you need to go back and edit data, click ‘unlock’ under record complete date, make your changes, and click ‘unlock’ again.**

## Acute Hepatitis B Wizard



**Please leave fields blank if the question was not asked or is not applicable.** Select “Unknown” only when there was an attempt to get the information and the answer is unknown.

### Overview

The acute Hepatitis B wizard (titled “**Hepatitis B & D Acute**” in WDRS) matches the official Washington State Department of Health (DOH) [acute hepatitis B case reporting form](#).

For information on the **Administrative/Event Administration** wizard sections, which are consistent across most wizards, please see the introductory [Wizards](#) section of this guide.

### Outbreak

Only used in the event of an Outbreak. Call the subject matter expert (SME) in the event of an outbreak.

### Report Source(s)

| REPORT SOURCE(S)  |  |
|-------------------|--|
| * Report source ▾ | Laboratory <span>▼</span> <span>Add New</span> |
| * Report date     | 04/01/2018 <span>📅</span>                      |
| Reporter          | Not answered <span>🔍</span> <span>🗑️</span>    |
| Organization      | Not answered <span>🔍</span> <span>🗑️</span>    |
| Telephone         | (000) 000-0000                                 |

### Report source ( ♦ )



- This field is for documenting the source(s) that reported the Hepatitis event to the investigator (e.g. via a lab report or reporting form)

### Report date

- **Report date** is the date given on the report itself. For example, if the report source is a laboratory, the report date is the date the lab sent the report to the LHJ (e.g. date of fax submission). If there is no date on the report source, use the **LHJ notification date**.



## Demographics

| DEMOGRAPHICS   |  |
|--|--|
| * Date of birth ⓘ                                      | 01/01/1990   |
| * Sex ⓘ  | Female ▼   |
| * Ethnicity  | ▼  |
| * Race   | <input type="checkbox"/> American Indian or Alaska Native<br><input type="checkbox"/> Asian<br><input type="checkbox"/> Black or African American<br><input type="checkbox"/> Native Hawaiian or other Pacific Islander<br><input type="checkbox"/> White<br><input type="checkbox"/> Other race<br><input type="checkbox"/> Unknown |
| Country of birth                                       | ▼  |
| Primary/preferred language                             | <input type="text"/>     |
| Patient is employed and/or student (including daycare) | <input checked="" type="checkbox"/> Employed<br><input type="checkbox"/> Student (including daycare)<br><input type="checkbox"/> Unknown   |
| Occupation   | <input type="text"/>   |
| Zip code (occupation)                                  | <input type="text"/>   |


### Date of birth

- This field will autofill based on the birth date entered on the initial 'Person' page when the contact was created. To edit 'Birth Date' information, return to the **Event Summary** page and select the 'Persons' tab. Click the 'Edit Person' button to manage information about the patient (see [Tips and Tricks](#)).

### Sex at birth

- This field will autofill based on the sex selected on the initial 'Person' page upon event creation. It should be entered as the biological sex of the patient at birth.
- To edit 'Sex at birth' information, return to the **Event Summary** page and select the 'Persons' tab. Click the 'Edit Person' button to manage information about the patient (see [Tips and Tricks](#)).

### Primary/preferred language

- Indicate the language the patient prefers for communication by selecting the search icon and entering for the name of the language. If you are unsure of spelling you can use the '[Wildcard Function](#),' (see [Tips and Tricks](#)). 
- Once you have found the language desired, select from the list generated below by double clicking on the language or single click on the language and click the 'Select' button. You can remove languages with the trash icon next to the window.

|                            |         |   |
|----------------------------|---------|---|
| Primary/preferred language | Spanish |   |
| Translator needed          | Yes ▼   |   |

**Patient is employed and/or student (including daycare)**

- Indicate whether the patient is employed and/or a student.
- Additional questions will appear once you select 'Employed' or 'Student (including daycare)'.

|  |  |
|--|--|
| Patient is employed and/or student (including daycare) | <input type="checkbox"/> Employed<br><input checked="" type="checkbox"/> Student (including daycare)<br><input type="checkbox"/> Unknown |
| School/child care                                      | <input type="text"/>   |
| Zip code (school)                                      | <input type="text"/>   |

**Communications**

| COMMUNICATIONS   |   |
|--|---|
| OK to talk with patient                                      | Yes <input type="button" value="v"/>              |
| * Interview performed  | Yes <input type="button" value="v"/>              |
| * Date of patient interview <input type="button" value="c"/> | 04/01/2018 <input type="button" value="Add New"/> |
| * Interviewer  | Izumi Chihara                                     |

**Interview performed**

- If **"Yes,"** additional questions will appear:
  - **Date of patient interview (♦)** is required to be filled in.
  - **Interviewer**
    - Enter the name of the interviewer here (free text field).
- If **"No,"** an additional question will appear:
  - Select 'Reason why no interview performed' from the drop down menu.

| COMMUNICATIONS                    |   |
|-----------------------------------|---|
| OK to talk with patient           | Never <input type="button" value="v"/>    |
| * Interview performed             | No <input type="button" value="v"/>       |
| Reason why no interview performed | Deceased <input type="button" value="v"/> |

**Alternative Contact**

| Alternative Contact                   |  |
|---------------------------------------|--|
| Type <input type="button" value="c"/> | Spouse/partner <input type="button" value="v"/>                                |
| Name                                  | name of partner  |
| Phone number                          | (000) 000-0000   |
| Type <input type="button" value="c"/> | Friend <input type="button" value="v"/> <input type="button" value="Add New"/> |
| Name                                  | name of friend   |
| Phone number                          | (000) 000-0000   |

**Alternative Contact Type (♦)**

- Select friend, parent/guardian, spouse/partner, or other for contact type

## Clinical Evaluation

| CLINICAL EVALUATION   |            |
|---|------------|
| Illness duration (days)   |            |
| * Symptom onset date  | 01/15/2018 |
| Derived onset date  | No         |
| * Acute diagnosis date  | 04/01/2018 |
| Date of diagnosis accuracy  | Exact      |
| Date of diagnosis inexact date  | 04/01/2018 |
| * Discrete onset of symptoms  | Yes        |
| * Acute symptoms consistent with hepatitis (such as jaundice, vomiting, diarrhea, abdominal cramps, loss of appetite, fatigue, fever) | Yes        |
| If diarrhea, onset date   | 03/20/2018 |
| * Pale stool, dark urine (jaundice)   | Yes        |
| If yes, onset date  | 03/20/2018 |

Fields marked with asterisks (\*) in this section are very important for classifying and reporting hepatitis events to CDC.

For **Symptom onset date** and **Acute diagnosis date**, see [Tips and Tricks](#) for guidance on [uncertain dates](#).

## Vaccination History

| Vaccination History  |                   |
|--|-------------------|
| Washington Immunization Information System (WA IIS) number                           |                   |
| Documented immunity to hepatitis A (due to either vaccination or previous infection) | Yes - vaccination |
| Number of doses of HBV vaccine in past   | 0                 |

### Documented immunity to hepatitis A

- Select 'Yes' for this field only if documented doses with dates are available. When patient reports vaccination but no documentation of doses is available, select 'Unknown' and make a note on the **Event Summary** dashboard.

## Pregnancy

| Pregnancy  |                          |
|--|--------------------------|
| Pregnant   | Yes <span>Add New</span> |
| * Estimated delivery date                                    | MM/DD/YYYY               |
| OB name  | Not answered             |
| OB phone   |                          |
| OB address   |                          |
| Reported to Perinatal Hepatitis B Prevention Program (PHBPP) | Yes                      |
| Would you like to add a new infant?                          |                          |

- Pregnancy (at time of initial report or at the time of any subsequent positive test result) (♦) – Pregnancy questions will appear only for women of childbearing age. If the questions do not appear, go back to "Edit Person" screen and make sure that the correct DOB (age between 11 and 50 years) and sex (female) are entered.

- Multiple pregnancies can be recorded by selecting the 'Add New' button that appears next to the selection box.

### Estimated delivery date

- If estimated delivery date is completely unknown, leave the field blank. If only the month and year are known, input the 1<sup>st</sup> for day.

### OB Name

- Use the **search icon** to select the name of the OB/GYN. If you are unsure of spelling you can use the '[Wildcard Function](#)' (see [Tips and Tricks](#)).



### Reported to Perinatal Hepatitis B Prevention Program (PHBPP)



- 'Reported to Perinatal Hepatitis B Prevention Program (PHBPP)' = 'Yes' is required for any woman with chronic hepatitis B that is noted as pregnant at the time of initial report, or at the time of any subsequent positive test report.

### Would you like to add a new infant (♦)

- After delivery, it is possible to enter and track the information of infants in WDRS (optional). Multiple entries for multiple pregnancy (twins, triplets, etc.) are possible. However, if this is done, it is important that all HBIG, vaccine dose information, and post testing date and result must **also** be entered into the PHBPP case management module so that it is available to the DOH PHBPP Coordinator for program management and outcome tracking purposes.

## Laboratory Diagnostics

| LABORATORY DIAGNOSTICS   |       |
|--|-------|
| <b>Enter all laboratory results in the Investigation Template/Lab Tab.</b> |       |
| Negative HBsAg within the prior six months                                 | Yes ▼ |
| Hepatitis B surface antigen (HBsAg)  | ▼     |
| Hepatitis B core antigen IgM (anti-HBc IgM)                                | ▼     |
| HBeAg  | ▼     |
| HBV DNA qualitative  | ▼     |
| HBV DNA quantitative   |       |
| HBV genotype   |       |
| Anti-HDV   | ▼     |
| HDV RNA  | ▼     |
| Lab test for acute HDV infection   | ▼     |
| ALT (SGPT) collection date   |       |



- Only 'Negative HBsAg within the prior six months' can be entered here.

- You must use the **Lab Results** tab for manually entering lab results. For more information on entering lab results see the [Lab Results Instruction Manual](#).

## Hospitalization

| HOSPITALIZATION   |  |
|---|--|
| Hospitalized at least overnight for this illness <input type="checkbox"/> | Yes <input type="button" value="Add New"/> |
| Hospital - facility name  | Not answered                               |
| Hospital record number  | <input type="text"/>                       |
| Admitted date   | 03/20/2018                                 |
| Discharged date   | 03/22/2018                                 |
| Length of stay (days)   | 2  |

### Hospitalized at least overnight for this illness? (♦)

- If 'Yes', additional questions will appear.
  - Hospital - facility name:** Use the **search icon** to select a hospital name. It is suggested that you use the '[Wildcard Function](#)' (see [Tips and Tricks](#)).
    - If the facility name is not on the search results list, type "**\*not listed**" in name box and hit search. Select **health care facility not listed** in search results box and type out the facility name in the specify hospital field.



## Death

| DEATH   |  |
|---|--|
| If deceased, please change the vital status and update date of death on the Edit Person screen. |  |
| Deceased <input type="checkbox"/>   | Alive <input type="button" value="▼"/> |

- To enter death data, the vital status must be marked as dead in the '**Persons**' tab after the event has been created.
- To change vital status, you must select 'Edit Person' in the '**Persons**' tab (see [Tips and Tricks](#)).

## Exposure

| EXPOSURE  |  |
|---|--|
| Exposure dates: 180 days before symptoms onset date to 45 days before symptoms onset date: 09/21/2017 to 02/03/2018 |  |
| Travel out of state, out of the country or outside of usual routine   | Yes <input type="button" value="Add New"/>       |
| Traveled out of <input type="checkbox"/>  | Country <input type="button" value="Add New"/>   |
| Country   | <input type="text"/>                             |
| Destination   | <input type="text"/>                             |
| Date left   | MM/DD/YYYY                                       |
| Date returned   | MM/DD/YYYY                                       |
| Case knows anyone with similar symptoms   | Yes <input type="button" value="Add New"/>       |
| Contact with a confirmed or suspected hepatitis B case (acute or chronic)   | Yes <input type="button" value="Add New"/>       |
| Type of contact <input type="checkbox"/>  | Household <input type="button" value="Add New"/> |
| Household or sexual contact from endemic country  | Yes <input type="button" value="Add New"/>       |
| Specify endemic country   | <input type="text"/>                             |

|  |                                 |   |
|--|---------------------------------|---|
| Congregate living  | Yes                             | <input type="checkbox"/>                                    |
| Type of congregate living  | Long term care                  | <input checked="" type="checkbox"/> <a href="#">Add New</a> |
| Diabetic who lives in congregate living situation (school, assisted living facility, skilled nursing home, group home) | Yes                             | <input type="checkbox"/>                                    |
| Any suspect medical or dental exposure   | Yes                             | <input type="checkbox"/>                                    |
| Describe   |                                 |   |
| Surgery (including outpatient), other medical procedures, hospitalized during exposure period                          | Yes                             | <input type="checkbox"/>                                    |
| Describe   |                                 |   |
| Surgery (including outpatient, other than oral surgery)  |                                 | <input type="checkbox"/>                                    |
| Other medical procedures   |                                 | <input type="checkbox"/>                                    |
| Hospitalized during exposure period  |                                 | <input type="checkbox"/>                                    |
| Hemodialysis   | Yes                             | <input type="checkbox"/>                                    |
| IV or injection as outpatient/IV infusion or injection in outpatient setting   | Yes                             | <input type="checkbox"/>                                    |
| Transfusion, blood product or transplant   | Yes                             | <input type="checkbox"/>                                    |
| Date of receipt  | MM/DD/YYYY <input type="text"/> |   |
| Type of product  |                                 | <input type="checkbox"/>                                    |

|  |     |                          |
|--|-----|--------------------------|
| Dental work or oral surgery  | Yes | <input type="checkbox"/> |
| Accidental stick or puncture with sharps contaminated with blood or body fluid | Yes | <input type="checkbox"/> |
| Other exposure to someone else's blood (including first aid)                   | Yes | <input type="checkbox"/> |
| Employed in job with potential for exposure to human blood or body fluids      | Yes | <input type="checkbox"/> |
| Job type   |     |                          |
| Frequency of direct blood or body fluids                                       |     | <input type="checkbox"/> |
| Ear or body piercing   | Yes | <input type="checkbox"/> |
| Body site  |     | <input type="checkbox"/> |
| Received acupuncture   | Yes | <input type="checkbox"/> |
| Tattoo recipient   | Yes | <input type="checkbox"/> |
| Tattoo was performed at  |     | <input type="checkbox"/> |
| Body site of tattooing   |     |                          |
| Shared razor, toothbrushes or nail care items                                  | Yes | <input type="checkbox"/> |
| Non-injection street drug use/use street drugs                                 | Yes | <input type="checkbox"/> |
| Specify drug(s)  |     |                          |
| Route of administration  |     | <input type="checkbox"/> |
| Injected drugs not prescribed by doctor, even if only once or a few times      |     | <input type="checkbox"/> |
| Received treatment for an STD  | Yes | <input type="checkbox"/> |
| Year of most recent STD treatment  |     |                          |
| Number of female sexual partners (during exposure period)                      |     |                          |
| Number of male sexual partners (during exposure period)                        |     |                          |



Acute exposures are asking only about the exposure period, which is 180 days (6 months) before symptom onset to 45 days before symptom onset.

### Exposure dates: 180 days before symptoms onset date to 45 days before symptoms onset date

- Exposure dates will auto-calculate based on the symptom onset date entered in the [Clinical Evaluation](#) question package.

### Travel out of state, out of the country or outside of usual routine (♦)

- If 'Yes,' select country, county, state, unknown and select destination.

### Contact with a confirmed or suspected hepatitis B case (♦)

- If 'Yes,' select type of contact.

**Congregate living (♦)**

- If 'Yes,' select type of congregate living.

**Any suspect medical or dental exposure**

- If 'Yes,' describe exposure.
- A suspect medical or dental exposure includes any potential blood-borne exposure not listed.

**Ear or body piercing (♦)**

- If 'Yes,' additional follow up questions will appear:
  - Specify: specify the body site of the piercing.
  - Address/name: specify the address and name of the shop that performed the piercing.
  - Body piercing was performed at: select one of the following
    - Commercial parlor/shop.
    - Correctional facility.
    - Other.
      - If other, specify the location.

**Tattoo recipient (♦)**

- If 'Yes,' additional follow up questions will appear:
  - Tattoo was performed at: select one of the following
    - Commercial parlor/shop.
    - Correctional facility.
    - Other.
      - If other, specify the location.

**Ever injected drugs not prescribed by doctor, even if only once or a few times**

- If 'Yes,' additional follow up questions will appear:
  - Select injection drug use type.
  - **Make sure to check all that apply.**


**Exposure Summary**

| Exposure Summary                                 |                            |
|--|----------------------------|
| * Most likely exposure                           | Medical/dental procedure ▼ |
| Where did exposure probably occur                | In Washington ▼            |
| County   | ▼                          |
| Exposure location name                           |                            |
| Exposure location address                        |                            |
| Exposure location details                        |                            |
| No risk factors or exposures could be identified | No ▼                       |

### Most likely exposure

- Most likely exposure is a required field. Unanswered required fields will show as incomplete in the **Event Data tab** status.

### Public Health Issues

| PUBLIC HEALTH ISSUES AND ACTIONS  |  |
|---|--|
| Employed as a health care worker  | Yes ▼  |
| Patient in a dialysis or kidney transplant unit   | Yes ▼  |
| Did case donate blood products, organs or tissue (including ova or semen) in the 30 days before symptom onset | Yes ▼  |
| Specify type of donation ☐  | Blood products ▼ <a href="#">Add New</a>   |
| Date  | MM/DD/YYYY  |
| Agency name   |  |
| Location  |  |

### Employed as a health care worker

- If “Yes,” this will trigger additional questions to appear under the **Public Health Actions** section.

### Did case donate blood products, organs or tissue (including ova or semen) in the 30 days before symptoms onset

- If “Yes,” specify whether “Blood products,” “Organs,” or “Tissue (including ova or semen)” was donated.

### Public Health Actions

| Public Health Actions   |       |
|---|-------|
| Notified blood or tissue bank (if recent donation)                              | Yes ▼ |
| Counseled on measure to avoid transmission                                      | Yes ▼ |
| Recommended hepatitis A vaccination if at risk and susceptible                  | Yes ▼ |
| Notified healthcare facility if case had suspected exposure at facility         | Yes ▼ |
| Notified healthcare facility if case may have transmitted to others at facility | Yes ▼ |



|  |                                      |
|--|--------------------------------------|
| If case is health care worker performing invasive procedures, advise strict adherence to recommended infection control practices | Yes <input type="button" value="v"/> |
| Counseled patient regarding retesting in 3-6 months  | Yes <input type="button" value="v"/> |
| Counseled about transmission risk to baby if pregnant  | Yes <input type="button" value="v"/> |
| Investigate vaccine or postexposure prophylaxis failure  | Yes <input type="button" value="v"/> |
| Failure of vaccine or postexposure prophylaxis   | Yes <input type="button" value="v"/> |
| Other  | <input type="text"/>                 |
| * Evaluated contacts   | Yes <input type="button" value="v"/> |
| Number of contacts evaluated   | 2 <input type="text"/>               |
| Recommended prophylaxis of contacts  | Yes <input type="button" value="v"/> |
| Number recommended prophylaxis   | 2 <input type="text"/>               |
| Recommended vaccination of contacts  | Yes <input type="button" value="v"/> |
| Number recommended vaccination   | 2 <input type="text"/>               |



### Other

- If other public health actions were taken, then specify (free text).

### Evaluated contacts

- Selecting yes to this question will trigger the **Contacts** section in the wizard.
- You must hit '**Save and Stay**' after selecting yes to this question for the contacts section to allow you to enter information about each contact.
- If you wish to enter contact information for acute hepatitis B, exit the wizard (by saving) and go to the [Contacts question package](#) in the 'Event Data' tab.
- The [Contacts question package](#) becomes available for an event if **Evaluated contacts** is marked as "Yes" in the "PH Actions" section.

### Administrative

| ADMINISTRATIVE   |  |
|--|--|
| * LHJ record complete date    | 04/28/2018  |
| Unlock acute fields  | <input checked="" type="checkbox"/> Yes  |
| LHJ record complete date will remain locked until all of the following fields have been answered: 1 - County of diagnosis (accountable county), 2 - LHJ notifications date, 3 - Investigator, 4 - Investigation Start Date, and 5 - Investigation Status |  |
| DOH review status  | <input type="text"/> <input type="button" value="v"/>  |
| DOH case classification  | Confirmed <input type="button" value="v"/>   |
| * Indicates required field   |  |

### LHJ record complete date



- Entering a date for **LHJ record complete date** will lock the acute event information for editing. **Complete all data entry for acute hepatitis events before entering a record complete date.**



- **Do not change an existing acute event from acute to chronic.** Rather, add a chronic disease status in the [Administrative question package](#). When an acute event is marked as complete in the Administrative question package, all acute fields in the [Exposure question package](#) will be locked.

## Command buttons



Click 'Save' button to save your changes and return to the **Event Summary** screen. 'Save & Stay,' 'Cancel' and 'Help' buttons are also available options.

## Chronic Hepatitis B Surveillance Wizard



**Please leave fields blank if the question was not asked or is not applicable.** Select “Unknown” only when there was an attempt to get the information and the answer is unknown.

## Overview

Wizards are a way to make data entry or data viewing easier. The [Chronic Hepatitis B Interview Wizard](#) should be used if you have received a report of a new chronic Hepatitis B event and plan on investigating and following up with the patient. The [Chronic Hepatitis B Surveillance Wizard](#) should be used if you have received a report of a new chronic Hepatitis B event but you are not able to conduct an interview with the patient.

For information on the **Administrative/Event Administration** wizard sections, which are consistent across most wizards, please see the introductory [Wizards](#) section of this guide.

## Outbreak

Only used in the event of an Outbreak. Call the subject matter expert (SME) in the event of an outbreak.

## Report Source(s)

| REPORT SOURCE(S) |  |
|------------------|--|
| * Report source  | Laboratory <span>▼</span> <span>Add New</span> |
| * Report date    | 04/01/2018 <span>📅</span>                      |
| Reporter         | Not answered <span>🔍</span> <span>🗑️</span>    |
| Organization     | Not answered <span>🔍</span> <span>🗑️</span>    |
| Telephone        | (000) 000-0000                                 |





## Report source (♦)

- This field is for documenting the source(s) that reported the Hepatitis event to the investigator (e.g. via a lab report or reporting form).

## Report date

- **Report date** is the date given on the report itself. For example, if the report source is a laboratory, the report date is the date the lab sent the report to the LHJ (e.g. date of fax submission). If there is no date on the report source, use the **LHJ notification date**.

## Demographics

| DEMOGRAPHICS  |  |
|---|--|
| * Date of birth  | 01/01/1990   |
| * Sex            | Female ▼   |
| * Ethnicity   | ▼  |
| * Race  | <input type="checkbox"/> American Indian or Alaska Native<br><input type="checkbox"/> Asian<br><input type="checkbox"/> Black or African American<br><input type="checkbox"/> Native Hawaiian or other Pacific Islander<br><input type="checkbox"/> White<br><input type="checkbox"/> Other race<br><input type="checkbox"/> Unknown |
| Country of birth  | ▼  |
| Primary/preferred language  |    |
| Patient is employed and/or student (including daycare)  | <input checked="" type="checkbox"/> Employed<br><input type="checkbox"/> Student (including daycare)<br><input type="checkbox"/> Unknown   |
| Occupation  |  |
| Zip code (occupation)   |  |


## Date of birth

- This field will autofill based on the birth date entered on the initial 'Person' page when the contact was created. To edit 'Birth Date' information, return to the **Event Summary** page and select the 'Persons' tab. Click the 'Edit Person' button to manage information about the patient (see [Tips and Tricks](#)).

## Sex at birth

- This field will autofill based on the sex selected on the initial 'Person' page upon event creation. It should be entered as the biological sex of the patient at birth.
- To edit 'Sex at birth' information, return to the **Event Summary** page and select the 'Persons' tab. Click the 'Edit Person' button to manage information about the patient (see [Tips and Tricks](#)).

## Clinical Evaluation

| CLINICAL EVALUATION                 |  |
|-------------------------------------|--|
| * Chronic diagnosis date            | MM/DD/YYYY  |
| Age at diagnosis (patient reported) |  |
| Hepatitis D diagnosis year          |  |

| Reason(s) for Initial Screening (select all that apply)                                      |                      |
|--|----------------------|
| Prenatal screening   | Yes ▼                |
| Follow-up testing for previous marker of viral hepatitis                                     | Yes ▼                |
| Blood/organ donor screening  | No ▼                 |
| Elevated liver enzymes   | No ▼                 |
| Symptoms of acute hepatitis (vomiting, diarrhea, abdominal pain, anorexia, nausea, or fever) | No ▼                 |
| Asymptomatic <u>with</u> risk factors  | Yes ▼                |
| Other reason for testing   | Yes ▼                |
| Specify other reason for testing   | <input type="text"/> |
| Settings of initial screening  | <input type="text"/> |

### Reason(s) for Initial Screening (select all that apply)

- Select yes, no, or unknown to each question on reason for initial screening.

## Pregnancy

| PREGNANCY  |                            |
|--|----------------------------|
| Pregnant <input type="checkbox"/>                            | Yes ▼ <b>Add New</b>       |
| Subtype at time of this pregnancy                            | Chronic ▼                  |
| * Estimated delivery date                                    | MM/DD/YYYY                 |
| OB name  | Not answered               |
| OB phone   | <input type="text"/>       |
| OB address   | <input type="text"/>       |
| Reported to Perinatal Hepatitis B Prevention Program (PHBPP) | Yes ▼                      |
| Complications during pregnancy                               | <input type="text"/> ▼     |
| Would you like to add a new infant?                          | <input type="checkbox"/> ▼ |

- Pregnancy (at time of report) (♦) – Pregnancy questions will appear only for women of childbearing age. If the questions do not appear, go back to “Edit Person” screen and make sure that the correct DOB (age between 11 and 50 years) and sex (female) are entered.
- Multiple pregnancies can be recorded by selecting the ‘Add New’ button that appears next to the selection box.

### Estimated delivery date

- If estimated delivery date is completely unknown, leave the field blank. If only the month and year are known, input the 1<sup>st</sup> for day.

### OB Name

- Use the **search icon** to select the name of the OB/GYN. If you are unsure of spelling you can use the [‘Wildcard Function’](#) (see [Tips and Tricks](#)).





## Reported to Perinatal Hepatitis B Prevention Program (PHBPP)

- 'Reported to Perinatal Hepatitis B Prevention Program (PHBPP)' = 'Yes' is required for any woman with chronic hepatitis B that is noted as pregnant at the time of initial report, or at the time of any subsequent positive test report.

## Would you like to add a new infant (♦)

- After delivery, it is possible to enter and track the information of infants in WDRS (optional). Multiple entries for multiple pregnancy (twins, triplets, etc.) are possible. However, if this is done, it is important that all HBIG, vaccine dose information, and post testing date and result must **also** be entered into the PHBPP case management module so that it is available to the DOH PHBPP Coordinator for program management and outcome tracking purposes.

## Death

| DEATH   |         |
|---|---------|
| If deceased, please change the vital status and update date of death on the Edit Person screen. |         |
| Deceased  | Alive ▼ |

- To enter death data, the vital status must be marked as dead in the '**Persons**' tab after the event has been created.
- To change vital status, you must select 'Edit Person' in the '**Persons**' tab (see [Tips and Tricks](#)).

## Exposures

| EXPOSURES (If not otherwise specified report exposure information over the lifetime) |       |
|--|-------|
| Long term hemodialysis   | Yes ▼ |
| Employed in job with potential for exposure to human blood or body fluids            | Yes ▼ |
| Born outside US  | Yes ▼ |
| Country  |       |
| Ever injected drugs not prescribed by doctor, even if only once or a few times       | Yes ▼ |

## Born outside the US

- If 'Yes,' select the country and number of years in US.

## Laboratory Diagnostics

| LABORATORY DIAGNOSTICS  |            |
|---|------------|
| Enter all laboratory results in the Investigation Template/Lab Tab. |            |
| Hepatitis B surface antigen (HBsAg) ☐                               | Positive ▼ |
| HBsAg collection date   | 04/01/2018 |
| Hepatitis B core antigen IgM (anti-HBc IgM)                         | ▼          |
| HBeAg ☐   | Positive ▼ |
| HBeAg collection date   | 04/01/2018 |

|   |   |
|---|---|
| HBV DNA qualitative <input type="checkbox"/>        | Positive <input type="button" value="v"/> |
| HBV DNA qualitative collection date                 | 04/01/2018                                |
| HBV DNA quantitative                                |   |
| HBV genotype  |   |
| ALT (SGPT) collection date <input type="checkbox"/> | 04/01/2018                                |
| Actual value  | 150                                       |
| Anti-HDV  | <input type="button" value="v"/>          |
| HDV RNA   | <input type="button" value="v"/>          |
| Lab test for acute HDV infection                    | <input type="button" value="v"/>          |



- You must use the **Lab Results** tab for manually entering lab results. For more information on entering lab results see the [Lab Results Instruction Manual](#).

## Administrative

| ADMINISTRATIVE                      |   |
|-------------------------------------|---|
| DOH case classification             | Probable <input type="button" value="v"/>                                 |
| DOH case classification override    | <input type="button" value="v"/>  |
| * Indicates required field          |   |
| <input type="button" value="Save"/> | <input type="button" value="Cancel"/> <input type="button" value="Help"/> |

### DOH case classification

- The event will auto-classify based on lab results. DOH subject matter experts (SMEs) may decide to override the classification, if appropriate.

## Command buttons



Click 'Save' button to save your changes and return to the **Event Summary** screen. 'Save & Stay,' 'Cancel' and 'Help' buttons are also available options.

## Chronic Hepatitis B Interview Wizard



**Please leave fields blank if the question was not asked or is not applicable.** Select "Unknown" only when there was an attempt to get the information and the answer is unknown.

## Overview

Wizards are a way to make data entry or data viewing easier. The [Chronic Hepatitis B Interview Wizard](#) should be used if you have received a report of a new chronic Hepatitis B event and plan on investigating and following up with the patient. [The Chronic Hepatitis B Surveillance Wizard](#) should be used if you have received a report of a new chronic Hepatitis B event but you are not able to conduct an interview with the patient.

For information on the **Administrative/Event Administration** wizard sections, which are consistent across most wizards, please see the introductory [Wizards](#) section of this guide.

## Outbreak

Only used in the event of an Outbreak. Call the subject matter expert (SME in the event of an outbreak).

## Report Source(s)

| REPORT SOURCE(S) |  |
|------------------|--|
| * Report source  | Laboratory <span>▼</span> <span>Add New</span> |
| * Report date    | MM/DD/YYYY                                     |
| Reporter         | Not answered                                   |
| Organization     | Not answered                                   |
| Telephone        | <input type="text"/>                           |

### Report source (♦)

- This field is for documenting the source(s) that reported the Hepatitis event to the investigator (e.g. via a lab report or reporting form).

### Report date

- Report date** is the date given on the report itself. For example, if the report source is a laboratory, the report date is the date the lab sent the report to the LHJ (e.g. date of fax submission). If there is no date on the report source, use the **LHJ notification date**.

## Demographics

| DEMOGRAPHICS   |  |
|--|--|
| * Date of birth  | 04/01/1998   |
| * Sex  | Female <span>▼</span>  |
| * Ethnicity  | Not Hispanic or Latino <span>▼</span>  |
| * Race   | <input type="checkbox"/> American Indian or Alaska Native<br><input type="checkbox"/> Asian<br><input type="checkbox"/> Black or African American<br><input type="checkbox"/> Native Hawaiian or other Pacific Islander<br><input type="checkbox"/> White<br><input type="checkbox"/> Other race<br><input type="checkbox"/> Unknown |
| Country of birth                                       | <input type="text"/> <span>▼</span>  |
| Primary/preferred language                             | <input type="text"/>   |
| Patient is employed and/or student (including daycare) | <input checked="" type="checkbox"/> Employed<br><input type="checkbox"/> Student (including daycare)<br><input type="checkbox"/> Unknown   |
| Occupation   | <input type="text"/>   |
| Zip code (occupation)                                  | <input type="text"/>   |

## Date of birth

- This field will autofill based on the birth date entered on the initial 'Person' page when the contact was created. To edit 'Birth Date' information, return to the **Event Summary** page and select the 'Persons' tab. Click the 'Edit Person' button to manage information about the patient (see [Tips and Tricks](#)).

## Sex at birth

- This field will autofill based on the sex selected on the initial 'Person' page upon event creation. It should be entered as the biological sex of the patient at birth.
- To edit 'Sex at birth' information, return to the **Event Summary** page and select the 'Persons' tab. Click the 'Edit Person' button to manage information about the patient (see [Tips and Tricks](#)).

## Communications

| COMMUNICATIONS   |   |
|--|---|
| OK to talk with patient                                      | Yes <input type="button" value="v"/>              |
| * Interview performed  | Yes <input type="button" value="v"/>              |
| * Date of patient interview <input type="button" value="c"/> | 04/15/2018 <input type="button" value="Add New"/> |
| * Interviewer  | interviewer name                                  |

## Interview performed (◆)

- If "Yes," additional questions will appear:
  - Date of patient interview** is required to be filled in.
  - Interviewer.**
    - Enter the name of the interviewer here (free text field).

## Alternative Contact

| Alternative Contact                   |   |
|---------------------------------------|---|
| Type <input type="button" value="c"/> | Spouse/partner <input type="button" value="Add New"/> |
| Name                                  | name of partner                                       |
| Phone number                          | (000) 000-0000  |

## Alternative Contact Type (◆)

- Select friend, parent/guardian, spouse/partner, or other for contact type.



## Communications (Optional LHJ use)

| COMMUNICATIONS: OPTIONAL LHJ USE - DATA ENTRY IN WDRS IS OPTIONAL FOR THIS SECTION |  |
|--|--|
| Information source   | Other local health jurisdiction <b>Add New</b> |
| Local health jurisdiction  |  |
| * Date   | 04/20/2018                                     |
| Time   |  |
| Notes  |  |

- Data entry in WDRS is optional for this section.
- Multiple communications can be recorded by selecting the 'Add New' button that appears next to the selection box.

## Clinical Evaluation

| CLINICAL EVALUATION  |               |
|--|---------------|
| * Chronic diagnosis date   | MM/DD/YYYY    |
| Age at diagnosis (patient reported)  |               |
| Hepatitis D diagnosis year   |               |
| <b>Reason(s) for Initial Screening (select all that apply)</b>                               |               |
| Prenatal screening   | Yes           |
| Follow-up testing for previous marker of viral hepatitis                                     | No            |
| Blood/organ donor screening  | No            |
| Elevated liver enzymes   | Unknown       |
| Symptoms of acute hepatitis (vomiting, diarrhea, abdominal pain, anorexia, nausea, or fever) | No            |
| Asymptomatic <u>with</u> risk factors  | Yes           |
| Other reason for testing   | Yes           |
| Specify other reason for testing   |               |
| Settings of initial screening  | OB/GYN clinic |

### Reason(s) for Initial Screening (select all that apply)

- Select yes, no, or unknown to each question on reason for initial screening.

## Comorbidities

| Comorbidities                    |            |
|----------------------------------|------------|
| Diabetes                         | Yes        |
| Diabetes diagnosis date          | MM/DD/YYYY |
| Cirrhosis                        | Yes        |
| Cirrhosis diagnosis date         | MM/DD/YYYY |
| Ever diagnosed with liver cancer | Yes        |
| Liver cancer diagnosis date      | MM/DD/YYYY |
| Liver transplant                 | Yes        |
| Liver transplant diagnosis date  | MM/DD/YYYY |
| Renal dialysis                   | Yes        |
| Renal dialysis diagnosis date    | MM/DD/YYYY |
| Chronic kidney disease           | Yes        |

|                                       |            |
|---------------------------------------|------------|
| Chronic kidney disease diagnosis date | MM/DD/YYYY |
| Patient ever tested for HCV           | Yes        |
| Date of last test                     | MM/DD/YYYY |
| Test result                           | Negative   |
| Patient ever tested for HIV           | Yes        |
| Date of last test                     | MM/DD/YYYY |
| Test result                           | Negative   |

Select yes, no, or unknown to each question on comorbidities.

- If 'Yes', additional questions will appear, such as diagnosis date.
  - For guidance on [uncertain dates](#), see the [Tips and Tricks](#) section of this document.

## Pregnancy

| PREGNANCY  |                      |
|--|----------------------|
| Pregnant   | Yes <b>Add New</b>   |
| Subtype at time of this pregnancy                            | Chronic              |
| * Estimated delivery date                                    | MM/DD/YYYY           |
| OB name  | Not answered         |
| OB phone   | <input type="text"/> |
| OB address   | <input type="text"/> |
| Reported to Perinatal Hepatitis B Prevention Program (PHBPP) | Yes                  |
| Complications during pregnancy                               |                      |
| Would you like to add a new infant?                          |                      |

- Pregnancy (at time of report) (◆) – Pregnancy questions will appear only for women of childbearing age. If the questions do not appear, go back to “Edit Person” screen and make sure that the correct DOB (age between 11 and 50 years) and sex (female) are entered.
- Multiple pregnancies can be recorded by selecting the ‘Add New’ button that appears next to the selection box.

## Estimated delivery date

- If estimated delivery date is completely unknown, leave the field blank. If only the month and year are known, input the 1<sup>st</sup> for day.

## OB Name

- Use the **search icon** to select the name of the OB/GYN. If you are unsure of spelling you can use the **‘Wildcard Function’** (see **Tips and Tricks**).



## Reported to Perinatal Hepatitis B Prevention Program (PHBPP)



- 'Reported to Perinatal Hepatitis B Prevention Program (PHBPP)' = 'Yes' is required for any woman with chronic hepatitis B that is noted as pregnant at the time of initial report, or at the time of any subsequent positive test report.

## Would you like to add a new infant (♦)

- After delivery, it is possible to enter and track the information of infants in WDRS (optional). Multiple entries for multiple pregnancy (twins, triplets, etc.) are possible. However, if this is done, it is important that all HBIG, vaccine dose information, and post testing date and result must **also** be entered into the PHBPP case management module so that it is available to the DOH PHBPP Coordinator for program management and outcome tracking purposes.

## Laboratory Diagnostics

| LABORATORY DIAGNOSTICS   |   |
|--|---|
| <b>Enter all laboratory results in the Investigation Template/Lab Tab.</b> |   |
| Hepatitis B surface antigen (HBsAg) <input type="checkbox"/>               | Positive <input type="button" value="v"/> |
| HBsAg collection date  | 04/01/2018                                |
| Hepatitis B core antigen IgM (anti-HBc IgM) <input type="checkbox"/>       | <input type="button" value="v"/>          |
| HBeAg <input type="checkbox"/>   | Positive <input type="button" value="v"/> |
| HBeAg collection date  | 04/01/2018                                |
| HBV DNA qualitative <input type="checkbox"/>                               | Positive <input type="button" value="v"/> |
| HBV DNA qualitative collection date  | 04/01/2018                                |
| HBV DNA quantitative   |   |
| HBV genotype   |   |
| ALT (SGPT) collection date <input type="checkbox"/>                        | 04/01/2018                                |
| Actual value   | 150                                       |
| Anti-HDV   | <input type="button" value="v"/>          |
| HDV RNA  | <input type="button" value="v"/>          |
| Lab test for acute HDV infection   | <input type="button" value="v"/>          |




- You must use the **Lab Results** tab for manually entering lab results. For more information on entering lab results see the [Lab Results Instruction Manual](#).

## Hospitalization

| HOSPITALIZATION   |   |
|---|---|
| Hospitalized at least overnight for this illness <input type="checkbox"/> | Yes <input type="button" value="v"/> <b>Add New</b> |
| Hospital - facility name  | Not answered <input type="button" value="v"/>       |
| Admitted date   | MM/DD/YYYY <input type="button" value="v"/>         |
| Discharged date   | MM/DD/YYYY <input type="button" value="v"/>         |
| Length of stay (days)   |   |

## Hospitalized at least overnight for this illness? (♦)

- If 'Yes', additional questions will appear.
  - **Hospital - facility name:** Use the **search icon** to select a hospital name. It is suggested that you use the '[Wildcard Function](#)' (see [Tips and Tricks](#)).
 
    - If the facility name is not on the search results list, type "**\*not listed**" in name box and hit search. Select **health care facility not listed** in search results box and type out the facility name in the specify hospital field.

## Death

| DEATH   |         |
|---|---------|
| If deceased, please change the vital status and update date of death on the Edit Person screen. |         |
| Deceased  | Alive ▼ |

- To enter death data, the vital status must be marked as dead in the '**Persons**' tab after the event has been created.
- To change vital status, you must select 'Edit Person' in the '**Persons**' tab (see [Tips and Tricks](#)).

## Exposure

| EXPOSURES (If not otherwise specified report exposure information over the lifetime) |   |
|--|---|
| Received clotting factor concentrates  | No ▼  |
| Received blood products  | No ▼  |
| Received solid organ transplant  | No ▼  |
| Other organ or tissue transplant recipient   | No ▼  |
| Long term hemodialysis   | Yes ▼   |
| Employed in job with potential for exposure to human blood or body fluids            | Yes ▼   |
| Job type   | <input type="radio"/> Medical<br><input type="radio"/> Dental<br><input type="radio"/> Public safety (e.g. law enforcement/firefighter)<br><input type="radio"/> Tattoo/piercing<br><input type="radio"/> Other |
| Accidental stick or puncture with sharps contaminated with blood or body fluid       | No ▼  |
| History of occupational needle stick or splash                                       | No ▼  |
| Ever had a finger stick/prick blood sugar test                                       | No ▼  |
| Ear or body piercing   | No ▼  |
| Tattoo recipient   | No ▼  |
| Ever received acupuncture  | No ▼  |
| History of incarceration   | No ▼  |
| Birth mother has history of hepatitis B infection                                    | Yes ▼   |
| Born outside US  | Yes ▼   |
| Country  | ▼   |
| Number of years in US  |   |
| Contact with confirmed or suspect hepatitis B case (acute or chronic)                | Yes ▼   |
| Type of contact  | Injection drug user ▼   |

|  |                      |   |
|--|----------------------|---|
| Approximate number of lifetime sex partners                                    | <input type="text"/> | ▼ |
| Received treatment for an STD  | <input type="text"/> | ▼ |
| Ever injected drugs not prescribed by doctor, even if only once or a few times | <input type="text"/> | ▼ |

### Employed in job with potential for exposure to human blood or body fluids

- If 'Yes,' select date.
- If 'Yes', select the type of job.

### Born outside the US

- If 'Yes,' select the country and number of years in US.

### Contact with a confirmed or suspected hepatitis B case (♦)

- If 'Yes,' select type of contact.

### Ever injected drugs not prescribed by doctor, even if only once or a few times

- If 'Yes', additional follow up questions will appear:
  - Select injection drug use type.
  - **Make sure to check all that apply.**



## Exposure Summary

| Exposure Summary                                 |                      |
|--|----------------------|
| * Most likely exposure                           | <input type="text"/> |
| Where did exposure probably occur                | <input type="text"/> |
| Exposure location details                        | <input type="text"/> |
| No risk factors or exposures could be identified | Yes ▼                |

### Most likely exposure

- Most likely exposure is a required field. Unanswered required fields will show as incomplete in the **Event Data tab** status

## Public Health Issues and Actions

| Public Health Issues   |       |
|--|-------|
| Patient aware of hepatitis support agencies (e.g. Hepatitis Education Project) | Yes ▼ |
| Recent blood products, organs or tissue (including ova or semen) donation      | Yes ▼ |
| Public Health Actions  |       |
| Counseled on importance of regular healthcare to monitor liver health          | Yes ▼ |
| Counseled on avoidance of liver toxins (e.g. alcohol)                          | Yes ▼ |
| Recommend hepatitis A vaccination  | Yes ▼ |
| Counseled on measure to avoid transmission                                     | Yes ▼ |

|   |     |   |
|---|-----|---|
| Counseled to not donate blood products, organs or tissues                       | Yes | ▼ |
| Notified blood or tissue bank (if recent donation)                              | Yes | ▼ |
| Counseled about transmission risk to baby if pregnant                           | Yes | ▼ |
| Referred to Perinatal Hepatitis B Prevention Program (PHBPP)                    | Yes | ▼ |
| Reinforced use of universal precautions, if HCW                                 | Yes | ▼ |
| Counseled on harm reduction and places to access clean syringes, if current IDU | Yes | ▼ |
| Provided contact information for hepatitis support agencies                     | Yes | ▼ |
| Provided patient education materials about HBV                                  | Yes | ▼ |
| Provided options for access to health care                                      | Yes | ▼ |
| Provided information on alcohol/substance abuse treatment                       | Yes | ▼ |
| * Evaluated contacts  | Yes | ▼ |
| Number of contacts evaluated  | 1   |   |
| Recommended prophylaxis of contacts   | Yes | ▼ |
| Number recommended prophylaxis  | 1   |   |
| Recommended vaccination of contacts   | Yes | ▼ |
| Number recommended vaccination  | 1   |   |

### Evaluated contacts

- Selecting yes to this question will trigger the **Contacts** section in the wizard.
- You must hit **'Save and Stay'** after selecting yes to this question for the Contacts section to allow you to enter information about each contact.
- If you wish to enter contact information for acute hepatitis B, exit the wizard (by saving) and go to [Contacts question package](#) in 'Event Data' tab.
- The Contacts question package becomes available for an event if **Evaluated contacts** is marked as **"Yes"** in the **"PH Actions"** section.

### Administrative

| ADMINISTRATIVE  |            |
|---|------------|
| DOH case classification   | Probable ▼ |
| DOH case classification override  | ▼          |
| * Indicates required field  |            |
| <input type="button" value="Save"/> <input type="button" value="Cancel"/> <input type="button" value="Help"/> |            |

### DOH case classification

- The event will auto-classify based on lab results. DOH SMEs may decide to override the classification if appropriate.

### Command buttons



Click 'Save' button to save your changes and return to the **Event Summary** screen. 'Save & Stay,' 'Cancel' and 'Help' buttons are also available options.

## Perinatal Hepatitis B Wizard



Please leave fields blank if the question was not asked or is not applicable. Select “Unknown” only when there was an attempt to get the information and the answer is unknown.

### Overview

Wizards are a way to make data entry or data viewing easier. The perinatal hepatitis B wizard (called “**Hepatitis B – Perinatal**” in WDRS) matches the official DOH [perinatal hepatitis B case reporting form](#). The Perinatal Hepatitis B Wizard should be used only to enter children 24 months of age or under that were born in the United States and that have laboratory evidence of hepatitis B infection at least 3-6 months following the final dose of hepatitis B vaccine in the series (usually at ~9-12 months of age). To be a confirmed case, documentation that the birth mother was infected with hepatitis B must be available. Please verify that for each woman reported as pregnant and infected with hepatitis B, a chronic hepatitis B event has been created in WDRS.

For information on the **Administrative/Event Administration** wizard sections, which are consistent across most wizards, please see the introductory [Wizards](#) section of this guide.

### Outbreak

Only used in the event of an Outbreak. Call the subject matter expert (SME) in the event of an outbreak.

### Report Source(s)

| REPORT SOURCE(S) |  |
|------------------|--|
| * Report source  | Laboratory <span>▼</span> <span>Add New</span> |
| * Report date    | 04/01/2018 <span>📅</span>                      |
| Reporter         | Not answered <span>🔍</span> <span>🗑️</span>    |
| Organization     | Not answered <span>🔍</span> <span>🗑️</span>    |
| Telephone        | (000) 000-0000                                 |

### Report source (♦)

- This field is for documenting the source(s) that reported the Hepatitis event to the investigator (e.g. via a lab report or reporting form).

### Report date

- Report date** is the date given on the report itself. For example, if the report source is a laboratory, the report date is the date the lab sent the report to the LHJ (e.g. date of fax submission). If there is no date on the report source, use the **LHJ notification date**.

### Demographics (Refers to Child <24 Months of Age)

| DEMOGRAPHICS: Refers to Child <24 Months of Age |  |
|---|--|
| * Date of birth ⓘ                               | 02/05/2018   |
| * Sex ⓘ   | ▼  |
| * Ethnicity                                     | ▼  |
| * Race  | <input type="checkbox"/> American Indian or Alaska Native<br><input type="checkbox"/> Asian<br><input type="checkbox"/> Black or African American<br><input type="checkbox"/> Native Hawaiian or other Pacific Islander<br><input type="checkbox"/> White<br><input type="checkbox"/> Other race<br><input type="checkbox"/> Unknown |
| Country of birth                                | USA ▼  |
| Primary/preferred language                      | <input type="text"/> ⓘ 🗑️  |


### Date of birth

- This field will autofill based on the birth date entered on the initial 'Person' page when the contact was created. To edit 'Birth Date' information, return to the **Event Summary** page and select the 'Persons' tab. Click the 'Edit Person' button to manage information about the patient (see [Tips and Tricks](#)).

### Sex at birth

- This field will autofill based on the sex selected on the initial 'Person' page upon event creation. It should be entered as the biological sex of the patient at birth.
- To edit 'Sex at birth' information, return to the **Event Summary** page and select the 'Persons' tab. Click the 'Edit Person' button to manage information about the patient (see [Tips and Tricks](#)).

### Primary/preferred language

- Indicate the language the patient prefers for communication by selecting the search icon and entering for the name of the language. If you are unsure of spelling you can use the '[Wildcard Function](#),' (see [Tips and Tricks](#)). 
- Once you have found the language desired, select from the list generated below by double clicking on the language or single click on the language and click the 'Select' button. You can remove languages with the trash icon next to the window.

|                            |         |   |
|----------------------------|---------|---|
| Primary/preferred language | Spanish |   |
| Translator needed          | Yes ▼   |   |

## Communications



| COMMUNICATIONS  |   |
|---|---|
| OK to talk with patient   | Yes <input type="button" value="v"/>              |
| * Interview performed   | Yes <input type="button" value="v"/>              |
| * Date of patient interview <input type="button" value="calendar"/> | 04/01/2018 <input type="button" value="Add New"/> |
| * Interviewer   | Izumi Chihara                                     |

### Interview performed (◆)

- If **“Yes,”** additional questions will appear:
  - **Date of patient interview** is required to be filled in.
  - **Interviewer**
    - Enter the name of the interviewer here (free text field).
- If **“No,”** an additional question will appear:
  - Select ‘Reason why no interview performed’ from the drop down menu.

| COMMUNICATIONS                    |   |
|-----------------------------------|---|
| OK to talk with patient           | Never <input type="button" value="v"/>    |
| * Interview performed             | No <input type="button" value="v"/>       |
| Reason why no interview performed | Deceased <input type="button" value="v"/> |

### Alternative Contact

| Alternative Contact                          |  |
|--|--|
| Type <input type="button" value="calendar"/> | Spouse/partner <input type="button" value="v"/>                                |
| Name   | name of partner  |
| Phone number                                 | (000) 000-0000   |
| Type <input type="button" value="calendar"/> | Friend <input type="button" value="v"/> <input type="button" value="Add New"/> |
| Name   | name of friend   |
| Phone number                                 | (000) 000-0000   |

### Alternative Contact Type

- Select friend, parent/guardian, spouse/partner, or other for contact type.

### Clinical Evaluation – Maternal Information

| CLINICAL EVALUATION - Maternal Information                            |   |
|---|---|
| Delivery hospital   | Prosser Memorial Hosp. <input type="button" value="info"/> <input type="button" value="trash"/> |
| Birth mother confirmed HBsAg positive prior to or at time of delivery | <input type="button" value="v"/>  |
| Birth mother confirmed HBsAg positive after delivery                  | <input type="button" value="v"/>  |
| Birth mother confirmed Hepatitis B e antigen (HBeAg) positive         | <input type="button" value="v"/>  |
| Birth mother born outside of USA                                      | Yes <input type="button" value="v"/>  |
| Country   | <input type="button" value="v"/>  |
| Birth mother race or ethnicity known                                  | Yes <input type="button" value="v"/>  |
| * Ethnicity   | <input type="button" value="v"/>  |
| * Race  | <input type="checkbox"/> American Indian or Alaska Native                                       |

|   |
|---|
| <input type="checkbox"/> Asian<br><input type="checkbox"/> Black or African American<br><input type="checkbox"/> Native Hawaiian or other Pacific Islander<br><input type="checkbox"/> White<br><input type="checkbox"/> Other race |
|---|

## Delivery Hospital

- Use the **search icon** to select a hospital name. It is suggested that you use the **'Wildcard Function'** (see [Tips and Tricks](#)).
  - If the facility name is not on the search results list, type **"\*not listed"** in name box and hit search. Select **health care facility not listed** in search results box and type out the name of the facility in the specify hospital field.

## Onset and Diagnosis

| Onset and Diagnosis  |                      |
|--|----------------------|
| * Symptom onset date   | MM/DD/YYYY           |
| <b>Enter date of testing as onset date.</b>  |                      |
| Asymptomatic <u>with</u> risk factors  | <input type="text"/> |
| Symptoms of acute hepatitis (vomiting, diarrhea, abdominal pain, anorexia, nausea, or fever) | <input type="text"/> |

## Symptom onset date

- Enter the date of testing that lead to the diagnosis of perinatal hepatitis B infection in this child (i.e., testing that was done after the vaccine series are completed, at 9 months or later).
- This date will be used to calculate CDC year (i.e., year the case is reported to CDC).

## Infant Vaccination History

| Infant Vaccination History                                 |   |
|--|---|
| Washington Immunization Information System (WA IIS) number | <input type="text"/>                        |
| Received HBIG  | Yes <input type="text"/>                    |
| * Date received  | 02/05/2018                                  |
| * Timing of HBIG   | 0-12 hours after birth <input type="text"/> |
| Received hepatitis B containing vaccine                    | Yes <input type="text"/>                    |
| Number of doses  | 2 <input type="text"/>                      |
| Date of vaccine administration                             | 04/08/2018                                  |
| Vaccine administered (type)                                | Single-antigen HBV <input type="text"/>     |
| Vaccine brand name   | Engerix-B <input type="text"/>              |
| Vaccine lot number   | <input type="text"/>                        |
| Vaccine manufacturer                                       | <input type="text"/>                        |
| Administering provider                                     | Not answered                                |
| Information source   | WIIS <input type="text"/>                   |
| Date of vaccine administration                             | 05/08/2018 <b>Add New</b>                   |
| Vaccine administered (type)                                | HBV combination <input type="text"/>        |
| Vaccine brand name   | Comvax <input type="text"/>                 |

## Received HBIG

- If “Yes,” additional questions will appear:
  - **Date received** is a required field.
  - Select ‘**Timing of HBIG**’ from the drop down menu.

## Received hepatitis B containing vaccine

- If “Yes,” additional questions will appear:
  - **Number of doses**: Enter the number of doses.
  - **Date of vaccine administration** (◆)
    - After entering ‘Date of vaccine administration’, additional questions (e.g., vaccine type, brand name, lot number, manufacturer, etc.) will appear.

## Insurance

| Insurance                                 |  |
|---|--|
| Insurance status date                     | 04/01/2018 <span>Calendar icon</span> <span>Add New</span> |
| Patient has insurance                     | Yes ▼  |
| Type of insurance (select all that apply) |  |
| Medicare                                  | <input type="checkbox"/> Yes                               |
| Medicaid                                  | <input type="checkbox"/> Yes                               |
| VA/military                               | <input type="checkbox"/> Yes                               |
| Employer                                  | <input type="checkbox"/> Yes                               |
| Individual                                | <input type="checkbox"/> Yes                               |
| Other                                     | <input type="text"/>                                       |

## Insurance status date

- Enter the ‘Insurance state date’. Additional questions will appear:
  - **Patient has insurance**: If “Yes,” additional questions will appear:
    - For type of insurance, select all that apply.

## Death

| DEATH   |         |
|---|---------|
| If deceased, please change the vital status and update date of death on the Edit Person screen. |         |
| Deceased  | Alive ▼ |

- To enter death data, the vital status must be marked as dead in the ‘**Persons**’ tab after the event has been created.
- To change vital status, you must select ‘Edit Person’ in the ‘**Persons**’ tab (see [Tips and Tricks](#)).

## Laboratory Diagnostics

| LABORATORY DIAGNOSTICS   |                      |
|--|----------------------|
| <b>Enter all laboratory results in the Investigation Template/Lab Tab.</b> |                      |
| Hepatitis B surface antigen (HBsAg)  | <input type="text"/> |
| HBeAg  | <input type="text"/> |
| HBV DNA qualitative  | <input type="text"/> |
| HBV DNA quantitative   | <input type="text"/> |
| HBV genotype   | <input type="text"/> |
| ALT (SGPT) collection date   | <input type="text"/> |



- You must use the **Lab Results** tab for manually entering lab results. For more information on entering lab results see the [Lab Results Instruction Manual](#).

## Public Health Issues and Actions

| PUBLIC HEALTH ISSUES AND ACTIONS  |                      |
|---|----------------------|
| Failure of vaccine or postexposure prophylaxis                                | <input type="text"/> |
| Counseled parents about importance of Hep A and Hep B vaccines                | <input type="text"/> |
| Counseled parents on importance of regular healthcare to monitor liver health | <input type="text"/> |

- Enter whether failure of vaccine or postexposure prophylaxis is indicated.
- Enter whether parents were counseled about the importance of vaccines and of regular healthcare (for HBV infected persons) to monitor liver health.

## Administrative

| ADMINISTRATIVE   |                      |
|--|----------------------|
| LHJ record complete date   | <input type="text"/> |
| LHJ record complete date will remain locked until all of the following fields have been answered: 1 - County of diagnosis (accountable county), 2 - LHJ notifications date, 3 - Investigator, 4 - Investigation Start Date, and 5 - Investigation Status |                      |
| DOH review status  | <input type="text"/> |
| DOH case classification  | <input type="text"/> |
| * Indicates required field   |                      |

### LHJ record complete date



- Entering a date for **LHJ record complete date** will lock the acute event information for editing. **Complete all data entry for acute hepatitis events before entering a record complete date.**



- Do not change an existing perinatal event from perinatal to chronic.** Rather, add a chronic disease status in the [Administrative question package](#). When an acute hepatitis event is marked as complete in the Administrative question package, all acute fields in the Exposure question package will be locked.

## Command buttons



Click 'Save' button to save your changes and return to the **Event Summary** screen. 'Save & Stay,' 'Cancel' and 'Help' buttons are also available options.

## Acute Hepatitis C Wizard



Please leave fields blank if the question was not asked or is not applicable. Select "Unknown" only when there was an attempt to get the information and the answer is unknown.

## Overview

Wizards are a way to make data entry or data viewing easier. The acute hepatitis C wizard (called "**Acute HCV**" in WDRS) matches the official DOH [acute hepatitis C case reporting form](#).

For information on the **Administrative/Event Administration** wizard sections, which are consistent across most wizards, please see the introductory [Wizards](#) section of this guide.

## Outbreak

Only used in the event of an Outbreak. Call the subject matter expert (SME) in the event of an outbreak.





## Report Source(s)

| Report Source(s)               |   |
|--------------------------------|---|
| * Report source                | Healthcare provider <input checked="" type="checkbox"/> <a href="#">Add New</a> |
| * Report date                  | 02/06/2018 <input type="text"/>   |
| Report subtype                 | Acute <input type="text"/>  |
| Reporter                       | Ollie O Ordprov <input type="text"/>  |
| Organization                   | Not answered <input type="text"/>   |
| Telephone                      | <input type="text"/>  |
| Legacy DOH case classification | <input type="text"/>  |

### Report source (◆)

- This field is for documenting the source(s) that reported the Hepatitis event to the investigator (e.g. via a lab report or reporting form)
- **Report date** is the date given on the report itself. For example, if the report source is a laboratory, the report date is the date the lab sent the report to the LHJ (e.g. date of fax submission). If there is no date on the report source, use the **LHJ notification date**.
- **Report subtype** indicates for which disease subtype (acute, chronic or perinatal) the report was made. This is an important field to complete in order to distinguish report sources for a case that may have multiple disease subtypes (i.e. an acute case that becomes chronic).

## Demographics

| DEMOGRAPHICS  |  |
|---|--|
| * Date of birth  | 01/01/1990   |
| * Sex            | Female ▼   |
| * Ethnicity   | ▼  |
| * Race  | <input type="checkbox"/> American Indian or Alaska Native<br><input type="checkbox"/> Asian<br><input type="checkbox"/> Black or African American<br><input type="checkbox"/> Native Hawaiian or other Pacific Islander<br><input type="checkbox"/> White<br><input type="checkbox"/> Other race<br><input type="checkbox"/> Unknown |
| Country of birth  | ▼  |
| Primary/preferred language  |    |
| Patient is employed and/or student (including daycare)  | <input type="checkbox"/> Employed<br><input type="checkbox"/> Student (including daycare)<br><input type="checkbox"/> Unknown  |


### Date of birth

- This field will autofill based on the birth date entered on the initial 'Person' page when the contact was created. To edit 'Birth Date' information, return to the **Event Summary** page and select the 'Persons' tab. Click the 'Edit Person' button to manage information about the patient (see [Tips and Tricks](#)).

### Sex at birth


- This field will autofill based on the sex selected on the initial 'Person' page upon event creation. It should be entered as the biological sex of the patient at birth.
- To edit 'Sex at birth' information, return to the **Event Summary** page and select the 'Persons' tab. Click the 'Edit Person' button to manage information about the patient (see [Tips and Tricks](#)).

### Primary/preferred language

- Indicate the language the patient prefers for communication by selecting the search icon and entering for the name of the language. If you are unsure of spelling you can use the '**Wildcard Function**,' (see **Tips and Tricks**). 
- Once you have found the language desired, select from the list generated below by double clicking on the language or single click on the language and click the 'Select' button. You can remove languages with the trash icon next to the window.

|                            |   |
|----------------------------|---|
| Primary/preferred language | Spanish   |
| Translator needed          | Yes ▼   |

## Communications

| COMMUNICATIONS              |  |
|-----------------------------|--|
| OK to talk with patient     | Yes ▼  |
| * Interview performed       | Yes ▼  |
| * Date of patient interview | 05/01/2018  <a href="#">Add New</a> |
| * Interviewer               |  |

### Interview performed

- If “Yes,” additional questions will appear:
  - **Date of patient interview** (♦) is required to be filled in.
  - **Interviewer**
    - Enter the name of the interviewer here (free text field).



### Alternative Contact

| Alternative Contact |                                  |
|---------------------|----------------------------------|
| Type                | Friend ▼ <a href="#">Add New</a> |
| Name                |                                  |
| Phone number        |                                  |

### Alternative Contact Type

- Select friend, parent/guardian, spouse/partner, or other for contact type.

### Clinical Evaluation

| CLINICAL EVALUATION   |  |
|---|--|
| Illness duration (days)   |  |
| * Symptom onset date  | MM/DD/YYYY  |
| Derived onset date  | ▼  |
| * Acute diagnosis date  | MM/DD/YYYY  |
| * Discrete onset of symptoms  | ▼  |
| * Acute symptoms consistent with hepatitis (such as jaundice, vomiting, diarrhea, abdominal cramps, loss of appetite, fatigue, fever) | ▼  |
| * Pale stool, dark urine (jaundice)   | ▼  |
| Washington Immunization Information System (WA IIS) number  |  |
| Documented immunity to hepatitis A (due to either vaccination or previous infection)  |  |
| Number of doses of HAV vaccine in past  | ▼  |
| Documented immunity to hepatitis B (due to either vaccination or previous infection)  |  |
| Number of doses of HBV vaccine in past  | ▼  |

Fields marked with asterisks (\*) in this section are very important for classifying and reporting cases to CDC.

For **Symptom onset date** and **Acute diagnosis date**, see [Tips and Tricks](#) for guidance on [uncertain dates](#).

### Pregnancy

| PREGNANCY                         |                      |
|-----------------------------------|----------------------|
| Pregnant <input type="checkbox"/> | Yes ▼ <b>Add New</b> |
| * Estimated delivery date         | MM/DD/YYYY           |
| OB name                           | Not answered         |
| OB address                        | <input type="text"/> |
| OB phone                          | <input type="text"/> |
| Complications during pregnancy    | ▼                    |

### Estimated delivery date

- If estimated delivery date is completely unknown, leave the field blank. If only the month and year are known, input the 1<sup>st</sup> for day.

### OB Name

- Use the **search icon** to select the name of the OB/GYN. If you are unsure of spelling you can use the '[Wildcard Function](#)' (see [Tips and Tricks](#)).



### Diagnostics

| DIAGNOSTICS  |                      |
|--|----------------------|
| <b>Enter all laboratory results in the Investigation Template/Lab Tab.</b>   |                      |
| Antibody to hepatitis C virus (anti-HCV)   | ▼                    |
| * Hepatitis C antibody negative result followed by Hepatitis C antibody positive result collected within 12 months (test conversion) | ▼                    |
| HCV RNA quantitative   | <input type="text"/> |
| HCV RNA qualitative  | ▼                    |
| HCV genotype   | <input type="text"/> |
| ALT (SGPT) collection date   | <input type="text"/> |



- You must use the **Lab Results** tab for manually entering lab results. For more information on entering lab results see the [Lab Results Instruction Manual](#).



### Hepatitis C antibody negative result followed by Hepatitis C antibody positive result collected within 12 months (test conversion)

- Select 'Yes' if the patient had a documented negative antibody result in the last 12 months. If possible, enter the negative antibody result by navigating to the **Lab Results** tab on the **Event Summary** screen.


### Clinical Evaluation - Hospitalization

| CLINICAL EVALUATION - HOSPITALIZATION                                     |                      |
|---|----------------------|
| Hospitalized at least overnight for this illness <input type="checkbox"/> | Yes ▼ <b>Add New</b> |
| Hospital - facility name  | Not answered         |
| Hospital record number  | <input type="text"/> |



|                       |            |   |
|-----------------------|------------|---|
| Admitted date         | MM/DD/YYYY |  |
| Discharged date       | MM/DD/YYYY |  |
| Length of stay (days) |            |   |

### Hospitalized at least overnight for this illness? (◆)

- If 'Yes', additional questions will appear.
  - Hospital - facility name:** Use the **search icon** to select a hospital name. It is suggested that you use the '[Wildcard Function](#)' (see [Tips and Tricks](#)).
 
    - If the facility name is not on the search results list, type "**\*not listed**" in name box and hit search. Select **health care facility not listed** in search results box and type out the facility name in the specify hospital field.

## Death

| DEATH   |         |
|---|---------|
| If deceased, please change the vital status and update date of death on the Edit Person screen. |         |
| Deceased  | Alive ▼ |

- To enter death data, the vital status must be marked as dead in the '**Persons**' tab after the event has been created.
- To change vital status, you must select 'Edit Person' in the '**Persons**' tab (see [Tips and Tricks](#)).

## Exposure

| EXPOSURE  |   |
|---|---|
| Exposure dates: 180 days before symptoms onset date to 14 days before symptoms onset date: 07/19/2017 to 01/01/2018 |   |
| Travel out of state, out of the country or outside of usual routine   | ▼ |
| Case knows anyone with similar symptoms   | ▼ |
| Contact with a confirmed or suspected hepatitis C case (acute or chronic)   | ▼ |
| Congregate living   | ▼ |
| Any suspect medical or dental exposure  | ▼ |
| Surgery (including outpatient), other medical procedures, hospitalized during exposure period                       | ▼ |
| Hemodialysis  | ▼ |
| IV or injection as outpatient/IV infusion or injection in outpatient setting  | ▼ |
| Transfusion, blood product or transplant  | ▼ |
| Dental work or oral surgery   | ▼ |
| Employed in job with potential for exposure to human blood or body fluids   | ▼ |
| Other exposure to someone else's blood (including first aid)  | ▼ |
| Accidental stick or puncture with sharps contaminated with blood or body fluid                                      | ▼ |
| Ear or body piercing  | ▼ |
| Received acupuncture  | ▼ |
| Tattoo recipient  | ▼ |
| Shared razor, toothbrushes or nail care items   | ▼ |
| Non-injection street drug use/use street drugs  | ▼ |
| Injected drugs not prescribed by doctor, even if only once or a few times   | ▼ |
| Number of female sexual partners (during exposure period)   |   |
| Number of male sexual partners (during exposure period)   |   |
| Received treatment for an STD   | ▼ |

| Acute Exposure Summary                           |                      |
|--|----------------------|
| * Most likely exposure                           | <input type="text"/> |
| Where did exposure probably occur                | <input type="text"/> |
| Exposure location name                           | <input type="text"/> |
| Exposure location address                        | <input type="text"/> |
| Exposure location details                        | <input type="text"/> |
| No risk factors or exposures could be identified | <input type="text"/> |



Acute exposures are asking only about the exposure period, which is 180 days (6 months) before symptom onset to 14 days before symptom onset.

**Exposure dates: 180 days before symptoms onset date to 45 days before symptoms onset date**

- Exposure dates will auto-calculate based on the symptom onset date entered in the [Clinical Evaluation](#) question package.

**Travel out of state, out of the country or outside of usual routine (♦)**

- If 'Yes,' select country, county, state, unknown and select destination.

**Contact with a confirmed or suspected hepatitis C case (♦)**

- If 'Yes,' select type of contact.

**Congregate living (♦)**

- If 'Yes,' select type of congregate living.

**Any suspect medical or dental exposure**

- If 'Yes,' describe exposure.
- A suspect medical or dental exposure includes any potential blood-borne exposure not listed.

**Ear or body piercing (♦)**

- If 'Yes,' additional follow up questions will appear:
  - Specify: specify the body site of the piercing.
  - Address/name: specify the address and name of the shop that performed the piercing.
  - Body piercing was performed at: select one of the following
    - Commercial parlor/shop.
    - Correctional facility.
    - Other.
      - If other, specify the location.

**Tattoo recipient (♦)**

- If 'Yes', additional follow up questions will appear:
  - Tattoo was performed at: select one of the following
    - Commercial parlor/shop.
    - Correctional facility.
    - Other.
      - If other, specify the location.

**Ever injected drugs not prescribed by doctor, even if only once or a few times**

- If 'Yes', additional follow up questions will appear:
  - Select injection drug use type.
  - **Make sure to check all that apply.**

**Acute Exposure Summary**

| Acute Exposure Summary                           |                          |
|--|--------------------------|
| * Most likely exposure                           | <input type="text"/>     |
| Where did exposure probably occur                | <input type="text"/>     |
| Exposure location name                           | <input type="text"/>     |
| Exposure location address                        | <input type="text"/>     |
| Exposure location details                        | <input type="text"/>     |
| No risk factors or exposures could be identified | Yes <input type="text"/> |

**Most likely exposure**

- Most likely exposure is a required field. Unanswered required fields will show as incomplete in the **Event Data tab** status.

**Public Health Issues**

| PUBLIC HEALTH ISSUES  |                      |
|---|----------------------|
| Employed as a health care worker  | <input type="text"/> |
| Patient in a dialysis or kidney transplant unit   | <input type="text"/> |
| Did case donate blood products, organs or tissue (including ova or semen) in the 30 days before symptom onset | <input type="text"/> |

**Employed as a health care worker**

- If **"Yes,"** this will trigger additional questions to appear under the **Public Health Actions** section.

**Did case donate blood products, organs or tissue (including ova or semen) in the 30 days before symptoms onset**

- If **"Yes,"** specify whether **"Blood products," "Organs,"** or **"Tissue (including ova or semen)"** was donated.

## Public Health Actions

| PUBLIC HEALTH ACTIONS   |                          |
|---|--------------------------|
| Notified blood or tissue bank (if recent donation)                              | <input type="text"/>     |
| Counseled on measure to avoid transmission                                      | <input type="text"/>     |
| Recommended hepatitis A vaccination if at risk and susceptible                  | <input type="text"/>     |
| Recommended hepatitis B vaccination if at risk and susceptible                  | <input type="text"/>     |
| Notified healthcare facility if case may have transmitted to others at facility | <input type="text"/>     |
| Notified healthcare facility if case had suspected exposure at facility         | <input type="text"/>     |
| Counseled patient regarding retesting in 3-6 months                             | <input type="text"/>     |
| Woman counseled about pregnancy risks   | <input type="text"/>     |
| Counseled about transmission risk to baby if pregnant                           | <input type="text"/>     |
| Other   | <input type="text"/>     |
| * Evaluated contacts  | Yes <input type="text"/> |

### Other

- If other public health actions were taken, then specify (free text).

### Evaluated contacts

- Selecting yes to this question will trigger the contact section in the wizard.
- You must hit **'Save and Stay'** after selecting yes to this question for the contacts section to allow you to enter information about each contact.

## Contacts

| CONTACTS  |  |
|---|--|
| Would you like to add a new contact? <input type="checkbox"/> | Yes <input type="text"/> <a href="#">Add New</a> |
| Date contact identified                                       | MM/DD/YYYY <input type="text"/>                  |
| Search for existing event <input type="text"/>                | Not answered <input type="text"/>                |
| Search for existing person <input type="text"/>               | Not answered <input type="text"/>                |
| Existing person not found - add new                           | <input type="text"/>                             |
| Date of birth (hidden)  | <input type="text"/>                             |
| Contact's age at time of identification                       | <input type="text"/>                             |
| Contact's age (DOB unknown)                                   | <input type="text"/>                             |
| Gender  | <input type="text"/>                             |
| Contact's telephone number                                    | <input type="text"/>                             |
| Contact type  | <input type="text"/>                             |
| Method of contact   | <input type="text"/>                             |
| User  | <input type="text"/> <input type="text"/>        |
| OK to talk with this contact                                  | <input type="text"/>                             |
| Interview category  | <input type="text"/>                             |
| Contact interview date  | MM/DD/YYYY <input type="text"/>                  |
| Referred to PCP for evaluation                                | <input type="text"/>                             |
| Note  | <input type="text"/>                             |

|  |                                  |
|--|----------------------------------|
| <b>Create/Edit Contact</b>   |                                  |
| Are you ready to save and copy this information to the other event?  | <input type="button" value="v"/> |
| <b>To edit fields, clear the copy question above.</b><br><b>When ready to commit changes, set copy question above to 'Yes' and save.</b> |                                  |

Use this section to record information about each contact that is evaluated for an event. This question package becomes available for an event if **Evaluated contacts** is marked as “Yes” in the “PH Actions” section.



If your case is linked to a contact that becomes a new or is an existing WDRS case, **the contact** will have a question package available named “**Link to Original Patient.**” The information in this question package **is for reference only.**

### Would you like to add a new contact?

- Selecting “Yes” to this question will trigger additional questions to appear.

### Search for existing event

- Select the **search icon** to search for whether there is already an existing 1) person **and** 2) Hepatitis C event in WDRS for this contact.
  - If you are unsure of spelling, you can use the ‘[Wildcard Function](#)’ (see [Tips and Tricks](#)).
- Select the appropriate event, if there is already both an existing 1) person and 2) Hepatitis C event in WDRS for the contact.



### Search for existing person

- Select the **search icon** to search for whether there is already an existing person in WDRS, **if you are certain that the person has not already been reported as having Hepatitis C in WDRS.**
  - If you are unsure of spelling, you can use the ‘[Wildcard Function](#)’ (see [Tips and Tricks](#)).
- Select the appropriate person, if there is already an existing person record in WDRS for the contact.



### Existing person not found – add new

- If you are sure that there is not an existing person/event record in WDRS for the contact:
  - For **known** Hepatitis B- or C-infected cases (e.g. contacts who have Hepatitis B or C laboratory results).
    - Select “**Add new person and event.**” This will trigger additional questions to appear.

- For contacts that are **not known** to be Hepatitis B- or C-infected cases (e.g. contacts who were exposed to the original case, but not tested).
  - Select **“Not enough info to merit PH action.”** This will trigger additional questions to appear.

### User

- Use this field to record who evaluated the contact or is entering the data associated with the contact in this section.
- Select the **search icon** to search for and select your WDRS user name.



### OK to talk with this contact

- Is it okay to reach out to this contact?
- If **“Later”** is selected, you can indicate the **Date patient can be contacted**.

### Interview category

- If the contact is interviewed, you can indicate what reporting form was used.

### Contact interview date

- If you are able to interview the contact, please indicate the date the interview occurred.

### Referred to PCP for evaluation

- Was the contact referred to a Primary Care Physician (PCP) for evaluation?

## Create/Edit Contact

### Are you ready to save and copy this information to the other event?

- Once you have completed the **“Contacts Information”** section:
  - If the contact becomes a new WDRS case or is already an existing WDRS case, select **“Yes.”** Information on this screen will be copied to a question package named **“Link to Original Patient”** in the **contact’s** case record.
  - If the contact is not known to be a Hepatitis C-infected case, leave this field blank.

## Administrative

| ADMINISTRATIVE               |             |
|------------------------------|-------------|
| DOH case classification      | Confirmed ▼ |
| * LHJ record complete date ⓘ | MM/DD/YYYY  |
| * Indicates required field   |             |

### LHJ record complete date



- Entering a date for LHJ record complete date will lock the acute event information for editing. **Complete all data entry for acute hepatitis events before entering a record complete date.**



- Do not change an existing acute hepatitis event from acute to chronic.** Rather, add a chronic disease status in the [Administrative question package](#). When an acute event is marked as complete in the Administrative question package, all acute fields in the Exposure question package will be locked.

### Command buttons



Click 'Save' button to save your changes and return to the **Event Summary** screen. 'Save & Stay,' 'Cancel' and 'Help' buttons are also available options.

## Chronic Hepatitis C Lab Surveillance Wizard



**Please leave fields blank if the question was not asked or is not applicable.** Select “Unknown” only when there was an attempt to get the information and the answer is unknown.

### Overview

Wizards are a way to make data entry or data viewing easier. The lab surveillance wizard (called “**Chronic HCV case – lab surveillance only**” in WDRS) will be used for the vast majority of chronic records, and mirrors the DOH [“Hepatitis C Chronic, lab only” reporting form](#). If you have received a lab report for a new chronic Hepatitis C case, please use this wizard if you do not plan on pursuing any further investigations.

### Administrative

| ADMINISTRATIVE  |   |
|---|---|
| Select 'Yes' to enter data for a CHRONIC hepatitis C case                       | Yes ▾                                   |
| Confirm chronic case<br>By: Jennifer Hubber<br>Date: 05/08/2018                 | <input checked="" type="checkbox"/> Yes |
| * Report source   | Laboratory ▾ <a href="#">Add New</a>    |
| * Report date   | 05/01/2018                              |
| Report subtype  | Chronic ▾                               |
| * LHJ notification date   | 05/02/2018                              |
| * Investigator  | <input type="text"/>                    |
| * Investigation start date  | 05/02/2018                              |
| <a href="#">Select the reporting address to assign the county of diagnosis.</a> |   |
| Street address  | 123 Pretend Street                      |
| Street address 2  | <input type="text"/>                    |
| City  | Seattle                                 |
| State   | WA                                      |

|  |               |
|--|---------------|
| Zip code                                   |               |
| County                                     | King County   |
| * County of diagnosis (accountable county) | King County ▼ |

### Confirm subtype

- Select 'yes' to confirm subtype (acute, chronic, and/or perinatal) as soon as possible. Additional question packages will become available after subtype is confirmed.
- To change subtype after it has been confirmed, you must select 'unlock' under disease status in the [Administrative question package](#).
- **After confirming subtype: Changing the subtype in the administrative question package, after data has been entered, will result in loss of all information entered in the wizard.**



### Report source (♦)

- This field is for documenting the source(s) that reported the Hepatitis event to the investigator (e.g. via a lab report or reporting form)
- **Report date** is the date given on the report itself. For example, if the report source is a laboratory, the report date is the date the lab sent the report to the LHJ (e.g. date of fax submission). If there is no date on the report source, use the **LHJ notification date**.
- **Report subtype** indicates for which disease subtype (acute, chronic or perinatal) the report was made. This is an important field to complete in order to distinguish report sources for a case that may have multiple disease subtypes (i.e. an acute case that becomes chronic).

### LHJ notification date

- Enter the date that the LHJ was notified of the event.
- The **LHJ notification date** can be different than the **Report date**. For example, if King County received a Pierce County lab result dated 2/1 and sent the lab to Pierce County on 2/5, the **Report date** would be 2/1 and the **LHJ notification date** would be 2/5.

### Investigator

- Use this field to record the investigator responsible for this event.
- Select the **search icon** to search for and select your WDRS username (this is the same as your SAW user ID).



|                |  |
|----------------|--|
| * Investigator |  |
|----------------|--|





| Search User  |  |                |  |  |          |           |        |         |                 |        |
|--|--|----------------|--|--|----------|-----------|--------|---------|-----------------|--------|
| <b>Search Criteria</b>   | <b>Search Results</b>  |                |  |  |          |           |        |         |                 |        |
| Username: <input type="text" value="jhubber"/>                             |  |                |  |  |          |           |        |         |                 |        |
| Status: <input type="text" value="Active"/>                                |  |                |  |  |          |           |        |         |                 |        |
| Role: <input type="text"/>   |  |                |  |  |          |           |        |         |                 |        |
| Group: <input type="text"/>  |  |                |  |  |          |           |        |         |                 |        |
| <input type="button" value="Search"/> <input type="button" value="Clear"/> | <table border="1"> <thead> <tr> <th colspan="3">Search Results</th> </tr> <tr> <th>Username</th> <th>Full Name</th> <th>Status</th> </tr> </thead> <tbody> <tr> <td>JHubber</td> <td>Jennifer Hubber</td> <td>Active</td> </tr> </tbody> </table> <p>Showing 1 to 1 of 1 entries</p> <p> <input type="button" value="First"/> <input type="button" value="Previous"/> <input type="button" value="1"/> <input type="button" value="Next"/> <input type="button" value="Last"/> </p> <p> <input type="button" value="Select"/> <input type="button" value="Cancel"/> <input type="button" value="Help"/> </p> | Search Results |  |  | Username | Full Name | Status | JHubber | Jennifer Hubber | Active |
| Search Results   |  |                |  |  |          |           |        |         |                 |        |
| Username   | Full Name  | Status         |  |  |          |           |        |         |                 |        |
| JHubber  | Jennifer Hubber  | Active         |  |  |          |           |        |         |                 |        |

## Investigation start date

- The investigation start date is the date the investigator initiated action on the event.

## Address Information

- Select the address at the time of reporting in Washington State. The county of diagnosis (accountable county) will autofill based on address selected.

| Select the reporting address to assign the county of diagnosis. |  |
|---|--|
| Street address  | <input type="text" value="1234 10th ave"/>   |
| Street address 2  | <input type="text"/>                         |
| City  | <input type="text" value="Lacey"/>           |
| State   | <input type="text" value="WA"/>              |
| Zip code  | <input type="text" value="98513"/>           |
| County  | <input type="text" value="Thurston County"/> |
| * County of diagnosis (accountable county)                      | <input type="text" value="Thurston County"/> |

| Choose Associated Address |            |              |   |                   |                |  |
|---------------------------|------------|--------------|---|-------------------|----------------|--|
| Available Contact Points  |            |              |   |                   |                |  |
| Start Date                | End Date   | Address Type | Address   | Residence Type    | Address Status | Select                                     |
| 04/05/2018                | 01/01/2030 | Home         | 1234 10th Ave<br>Olympia, WA 98501<br>Thurston County | Private Residence | Verified       | <a href="#">Select as Official Address</a> |
| 01/01/1900                | 04/05/2018 | Home         | WA  |                   |                | <a href="#">Select as Official Address</a> |

- To edit or add an address, navigate to the **Event Summary** screen, click on the **Persons** tab, and select 'Edit Person'. You can also click on the hyper-linked name of the person in the **Basic Information** section, and select 'Edit Person' (see [Tips and Tricks](#)).
- If the record was created by an Electronic Laboratory Report (ELR) submission, the address on the lab report will be copied into the person record automatically. It can then be selected using the address selection link in the wizard.
- If a residential address is not available, the address of the provider or laboratory will be used to assign a record to an accountable county.

## Demographics

| DEMOGRAPHICS      |  |
|-------------------|--|
| * Date of birth ⓘ | 01/01/1990   |
| * Sex ⓘ           | Female ▼   |
| * Ethnicity       | ▼  |
| * Race            | <input type="checkbox"/> American Indian or Alaska Native<br><input type="checkbox"/> Asian<br><input type="checkbox"/> Black or African American<br><input type="checkbox"/> Native Hawaiian or other Pacific Islander<br><input type="checkbox"/> White<br><input type="checkbox"/> Other race<br><input type="checkbox"/> Unknown |

### Date of birth

- This field will autofill based on the birth date entered on the initial 'Person' page when the contact was created. To edit 'Birth Date' information, return to the **Event Summary** page and select the 'Persons' tab. Click the 'Edit Person' button to manage information about the patient (see [Tips and Tricks](#)).

### Sex at birth

- This field will autofill based on the sex selected on the initial 'Person' page upon event creation. It should be entered as the biological sex of the patient at birth.
- To edit 'Sex at birth' information, return to the **Event Summary** page and select the 'Persons' tab. Click the 'Edit Person' button to manage information about the patient (see [Tips and Tricks](#)).

## Laboratory Diagnostics

| LABORATORY DIAGNOSTICS   |   |
|--|---|
| <b>Enter all laboratory results in the Investigation Template/Lab Tab.</b> |   |
| Antibody to hepatitis C virus (anti-HCV)                                   | ▼ |
| HCV RNA quantitative   |   |
| HCV RNA qualitative  | ▼ |
| HCV genotype   |   |



- You must use the **Lab Results** tab for manually entering lab results. For more information on entering lab results see the [Lab Results Instruction Manual](#).

## Administrative

| ADMINISTRATIVE                  |            |
|---------------------------------|------------|
| LHJ case classification         | ▼          |
| * Investigation status          | ▼          |
| LHJ investigation complete date | MM/DD/YYYY |
| LHJ record complete date        |            |


### Investigation status

- The investigation status must be marked as “Complete,” “Complete – not reportable to DOH,” or “Unable to complete” to enter a record complete date.

### LHJ investigation complete date

- The investigation complete date is entered when an LHJ has completed their active investigation. This date is different than the record complete date.

### LHJ record complete date

- The record complete date is entered when the LHJ is ready to complete the event.
- To complete an event, you must have the following fields answered:
  - County of diagnosis (accountable county).
  - LHJ notification date.
  - Investigator.
  - Investigation start date.
  - Investigation status.
  - Disease status. The hepatitis event must have a confirmed subtype (acute, chronic, or perinatal). An event cannot be closed with a pending subtype.
- Entering a date for LHJ record complete date will lock the acute event information for editing. **Complete all data entry for acute hepatitis events before entering a record complete date.**
-  **Do not change an existing acute event from acute to chronic.** Rather, add a chronic disease status in the [Administrative question package](#). When an acute event is marked as complete in the Administrative question package, all acute fields in the Exposure question package will be locked.

## Case Classification

For DOH use only

### Command buttons



Click ‘Save’ button to save your changes and return to the **Event Summary** screen. ‘Save & Stay,’ ‘Cancel’ and ‘Help’ buttons are also available options.

## Chronic Hepatitis C Wizard



**Please leave fields blank if the question was not asked or is not applicable.** Select “Unknown” only when there was an attempt to get the information and the answer is unknown.

## Overview

Wizards are a way to make data entry or data viewing easier. The chronic Hepatitis C wizard (called “**Chronic HCV case – short form**” in WDRS) mirrors the information on the DOH [“Hepatitis C – chronic, short” reporting form](#) and should be used if you have received a report of a new chronic Hepatitis C case and plan on investigating/following up with the patient, their medical provider, or another source. **Please prioritize surveillance for persons born in 1992 or later, as well as women of childbearing age, and use the Chronic Hepatitis C wizard for these cases.**



For information on the **Administrative/Event Administration** wizard sections, which are consistent across most wizards, please see the introductory [Wizards](#) section of this guide.

## Report Source(s)

| Report Source(s)               |  |
|--------------------------------|--|
| * Report source                | Healthcare provider <span>✓</span> <a href="#">Add New</a> |
| * Report date                  | 02/06/2018   |
| Report subtype                 | Acute  |
| Reporter                       | Ollie O Ordprov  |
| Organization                   | Not answered   |
| Telephone                      |  |
| Legacy DOH case classification |  |

### Report source (♦)

- This field is for documenting the source(s) that reported the Hepatitis event to the investigator (e.g. via a lab report or reporting form)
- **Report date** is the date given on the report itself. For example, if the report source is a laboratory, the report date is the date the lab sent the report to the LHJ (e.g. date of fax submission). If there is no date on the report source, use the **LHJ notification date**.
- **Report subtype** indicates for which disease subtype (acute, chronic or perinatal) the report was made. This is an important field to complete in order to distinguish report sources for a case that may have multiple disease subtypes (i.e. an acute case that becomes chronic).

## Demographics

| DEMOGRAPHICS    |   |
|-----------------|---|
| * Date of birth | 01/01/1990  |
| * Sex           | Female  |
| * Ethnicity     |   |
| * Race          | <input type="checkbox"/> American Indian or Alaska Native<br><input type="checkbox"/> Asian<br><input type="checkbox"/> Black or African American |

|                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Native Hawaiian or other Pacific Islander |
| <input type="checkbox"/> | White                                     |
| <input type="checkbox"/> | Other race                                |
| <input type="checkbox"/> | Unknown                                   |


### Date of birth

- This field will autofill based on the birth date entered on the initial 'Person' page when the contact was created. To edit 'Birth Date' information, return to the **Event Summary** page and select the 'Persons' tab. Click the 'Edit Person' button to manage information about the patient (see [Tips and Tricks](#)).

### Sex at birth

- This field will autofill based on the sex selected on the initial 'Person' page upon event creation. It should be entered as the biological sex of the patient at birth.
- To edit 'Sex at birth' information, return to the **Event Summary** page and select the 'Persons' tab. Click the 'Edit Person' button to manage information about the patient (see [Tips and Tricks](#)).

## Communications

| COMMUNICATIONS              |  |
|-----------------------------|--|
| * Interview performed       | Yes ▼  |
| * Date of patient interview | 01/10/2018  <a href="#">Add New</a> |
| * Interviewer               | <input type="text"/>   |

### Interview performed

- If "Yes," additional questions will appear:
  - Date of patient interview** (♦) is required to be filled in.
  - Interviewer**
    - Enter the name of the interviewer here (free text field).

## Clinical Evaluation

| CLINICAL EVALUATION  |   |
|--|---|
| Reason(s) for Initial Screening (select all that apply)                                      |   |
| Symptoms of acute hepatitis (vomiting, diarrhea, abdominal pain, anorexia, nausea, or fever) | ▼ |
| Asymptomatic <u>with</u> risk factors  | ▼ |
| Asymptomatic <u>without</u> risk factors   | ▼ |
| Prenatal screening   | ▼ |
| Follow-up testing for previous marker of viral hepatitis                                     | ▼ |
| Blood/organ donor screening  | ▼ |
| Elevated liver enzymes   | ▼ |
| High risk exposure   | ▼ |
| Other reason for testing   | ▼ |

- Select yes, no, or unknown to each question on reason for initial screening.

## Pregnancy

| PREGNANCY                         |  |
|-----------------------------------|--|
| Pregnant <input type="checkbox"/> | Yes <input type="button" value="Add New"/> |

### Pregnant (♦)

- Select yes, no, or unknown

## Laboratory Diagnostics

| LABORATORY DIAGNOSTICS   |                                  |
|--|----------------------------------|
| <b>Enter all laboratory results in the Investigation Template/Lab Tab.</b> |                                  |
| Antibody to hepatitis C virus (anti-HCV)                                   | <input type="button" value="▼"/> |
| HCV RNA quantitative   | <input type="text"/>             |
| HCV RNA qualitative  | <input type="button" value="▼"/> |
| HCV genotype   | <input type="text"/>             |



- You must use the **Lab Results** tab for manually entering lab results. For more information on entering lab results see the [Lab Results Instruction Manual](#).

## Exposure

| EXPOSURE   |  | <input type="button" value="Expand"/> |
|--|--|---------------------------------------|
| Received clotting factor concentrates  | No <input type="button" value="▼"/>  |                                       |
| Received blood products  | No <input type="button" value="▼"/>  |                                       |
| Received solid organ transplant  | No <input type="button" value="▼"/>  |                                       |
| Other organ or tissue transplant recipient                                     | No <input type="button" value="▼"/>  |                                       |
| Long term hemodialysis   | No <input type="button" value="▼"/>  |                                       |
| Birth mother has history of hepatitis C infection                              | Unknown <input type="button" value="▼"/>   |                                       |
| Employed in job with potential for exposure to human blood or body fluids      | Unknown <input type="button" value="▼"/>   |                                       |
| Accidental stick or puncture with sharps contaminated with blood or body fluid | Unknown <input type="button" value="▼"/>   |                                       |
| History of occupational needle stick or splash                                 | Unknown <input type="button" value="▼"/>   |                                       |
| Ever had a finger stick/prick blood sugar test                                 | Unknown <input type="button" value="▼"/>   |                                       |
| Ear or body piercing   | No <input type="button" value="▼"/>  |                                       |
| Ever received acupuncture  | Unknown <input type="button" value="▼"/>   |                                       |
| Tattoo recipient   | No <input type="button" value="▼"/>  |                                       |
| Non-injection street drug use/use street drugs                                 | Unknown <input type="button" value="▼"/>   |                                       |
| History of incarceration   | No <input type="button" value="▼"/>  |                                       |
| Born outside US  | No <input type="button" value="▼"/>  |                                       |
| Contact with confirmed or suspected hepatitis C case (acute or chronic)        | No <input type="button" value="▼"/>  |                                       |
| Approximate number of lifetime sex partners                                    | Unknown <input type="button" value="▼"/>   |                                       |
| <b>Gender of sex partners</b>  |  |                                       |
| Male   | <input type="checkbox"/> Yes   |                                       |
| Female   | <input type="checkbox"/> Yes   |                                       |
| Transgender  | <input type="checkbox"/> Yes   |                                       |
| Received treatment for an STD  | No <input type="button" value="▼"/>  |                                       |
| Ever injected drugs not prescribed by doctor, even if only once or a few times | Yes <input type="button" value="▼"/>   |                                       |
| Injection drug use type (check all that apply)                                 | <input checked="" type="checkbox"/> Heroin (includes Diacetylmorphine)<br><input type="checkbox"/> Cocaine<br><input type="checkbox"/> Amphetamine<br><input type="checkbox"/> Methamphetamine |                                       |

|   |   |
|---|---|
|   | <input type="checkbox"/> MDMA<br><input type="checkbox"/> Ketamine<br><input type="checkbox"/> PCP<br><input type="checkbox"/> Opioids (prescription or non-prescription)<br><input type="checkbox"/> Anabolic steroids<br><input type="checkbox"/> Other<br><input type="checkbox"/> Unknown |
| Ever shared needles                               | Yes <input type="button" value="v"/>  |
| Ever shared other injection equipment             | Unknown <input type="button" value="v"/>  |
| Ever used needle exchange services                | Unknown <input type="button" value="v"/>  |
| Patient used injection drugs in the past 3 months | Yes <input type="button" value="v"/>  |
| * Most likely exposure                            | Injection drug use <input type="button" value="v"/>   |

### Other organ or tissue transplant recipient

- Select yes, no, or unknown.
  - If 'Yes,' select date.
    - For guidance on [uncertain dates](#), see the [Tips and Tricks](#) section of this document.

### Ear or body piercing (♦)

- If 'Yes,' additional follow up questions will appear:
  - Specify: specify the body site of the piercing.
  - Address/name: specify the address and name of the shop that performed the piercing.
  - Body piercing was performed at: select one of the following
    - Commercial parlor/shop.
    - Correctional facility.
    - Other.
      - If other, specify the location.

### Tattoo recipient (♦)

- If 'Yes,' additional follow up questions will appear:
  - Tattoo was performed at: select one of the following.
    - Commercial parlor/shop.
    - Correctional facility.
    - Other.
      - If other, specify the location.

### Contact with a confirmed or suspected hepatitis C case (♦)

- If 'Yes,' select type of contact.

### Ever injected drugs not prescribed by doctor, even if only once or a few times



- If 'Yes', additional follow up questions will appear:
  - Select injection drug use type.
  - **Make sure to check all that apply.**

### Most likely exposure


- Most likely exposure is a required field. Unanswered required fields will show as incomplete in the **Event Data** tab status.

### Death

| DEATH   |         |
|---|---------|
| If deceased, please change the vital status and update date of death on the Edit Person screen. |         |
| Deceased  | Alive ▼ |

- To enter death data, the vital status must be marked as dead in the '**Persons**' tab after the event has been created.
- To change vital status, you must select 'Edit Person' in the '**Persons**' tab (see [Tips and Tricks](#)).

### Administrative

| ADMINISTRATIVE                  |  |
|---------------------------------|--|
| LHJ case classification         | ▼  |
| * Investigation status          | ▼  |
| LHJ investigation complete date | MM/DD/YYYY  |
| LHJ record complete date        |  |

### Investigation status

- The investigation status must be marked as "Complete," "Complete – not reportable to DOH," or "Unable to complete" to enter a record complete date.

### LHJ investigation complete date

- The investigation complete date is entered when an LHJ has completed their active investigation. This date is different than the record complete date.

### LHJ record complete date

- The record complete date is entered when the LHJ is ready to complete the event.
- To complete an event, you must have the following fields answered:
  - County of diagnosis (accountable county).
  - LHJ notification date.
  - Investigator.
  - Investigation start date.



- Investigation status.
- Disease status. The hepatitis event must have a confirmed subtype (acute, chronic, or perinatal). An event cannot be closed with a pending subtype.
- Entering a date for LHJ record complete date will lock the acute event information for editing. **Complete all data entry for acute hepatitis events before entering a record complete date.**
- **Do not change an existing acute event from acute to chronic.** Rather, add a chronic disease status in the [Administrative question package](#). When an acute event is marked as complete in the Administrative question package, all acute fields in the Exposure question package will be locked.



### Command buttons



Click 'Save' button to save your changes and return to the **Event Summary** screen. 'Save & Stay,' 'Cancel' and 'Help' buttons are also available options.

## Persons Who Have Been Reported as Both Acute and Chronic Cases

In the Hepatitis model, if a person has had both acute and chronic subtype information reported for a disease (Hepatitis B or Hepatitis C), then **both types of information are entered in the same event**. The following screenshot depicts a Hepatitis C event that has both acute and chronic subtypes confirmed. **Disease Status** can be located in either the [Administrative question package](#) or through the applicable [Wizard](#):

| Disease Status  |   |
|---|---|
| Select 'Yes' to enter data for an ACUTE hepatitis C case  | Yes ▼                                   |
| Confirm acute case  | <input checked="" type="checkbox"/> Yes |
| By: Hepatitis WDRS  |   |
| Date and time: 05/14/2018 03:39 PM                        |   |
| Unlock  | <input type="checkbox"/> Yes            |
| Select 'Yes' to enter data for a CHRONIC hepatitis C case | Yes ▼                                   |
| Confirm chronic case                                      | <input checked="" type="checkbox"/> Yes |
| By: Hepatitis WDRS  |   |
| Date: 05/14/2018  |   |
| Unlock  | <input type="checkbox"/> Yes            |
| Timestamp   | 05/14/2018                              |
| Select 'Yes' to enter data for a PERINATAL case           | ▼                                       |



When new labs indicate that a formerly acute case has become a chronic infection, the Chronic disease status should be **added** to the event record – **do not change** the disease status from Acute to Chronic **or you will lose all data entered in the Acute fields.**

Within a question package, groups of fields that are associated with a particular subtype (i.e. acute, chronic or perinatal) will be indicated by a descriptive header. The following screenshots are an example of these headers in the [Administrative question package](#):

| Chronic Event Administration                                    |             |
|---|-------------|
| Chronic Case ID   | C-100000020 |
| Select the reporting address to assign the county of diagnosis. |             |

| Acute Event Administration                                      |             |
|---|-------------|
| Acute Case ID   | A-100000020 |
| Select the reporting address to assign the county of diagnosis. |             |

## Transferring and Sharing Events/Cases

### Event/Case Belongs to another Jurisdiction



If a person was incorrectly reported to your jurisdiction, you can transfer events/cases by updating the reporting address. Once the **County of diagnosis (accountable county)** field is updated in the [Administrative question package](#) (also available in [Wizards](#)), the new county will now have view and edit permissions. It will also enter one of the open event workflows of the other county, so long as the **LHJ record complete date** field in the **Administrative question package** (also available in **Wizards**) is empty.



**WARNING:** If you did not create the event, you will lose access to the event after updating the **County of diagnosis (accountable county)** field to a new jurisdiction. Refer to the [Sharing an Event](#) quick reference guide for an alternative way to share events with another jurisdiction.

### Event/Case Has Moved to another Jurisdiction and You Would Like the New County to Have Edit Permissions

If you receive event information (e.g. lab results) that indicates that a person's residential county has changed (but the accountable county should stay the same), you may update the event's **Managing county** in the **Administrative question package**. This will allow that jurisdiction to edit the event. Please note that only the most recent managing county will have edit permissions (i.e. managing county permissions are not cumulative). The accountable county will always have edit permissions:

| Case Management   |  |
|---|--|
| Managing county notification date  | 05/14/2018  |
| Managing county   | Adams County ▼   |
| LHJ case ID   |  |
| User  | Hepatitis WDRS   |
| Notes   |  |

### Managing county notification date

Input the date it became known the case had moved to a new jurisdiction.

### Managing county

Input the county where the patient now lives.

### LHJ case ID

If the new LHJ has a unique ID for this case, they can use this field to record it.

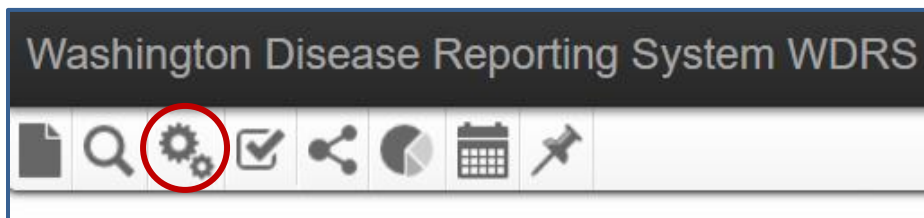
### User

Automatically populated when “Managing county notification date” is input.

### Notes

A place for the user to record any notes about the jurisdiction change.

## Workflows



### About Workflows

Washington Disease Reporting System (WDRS) includes workflows that organize events and the work that needs to be done on them. Workflows allow the user to keep track of Hepatitis events that may need to be investigated, reviewed, or completed. **They capture records created from 1) manual entry and 2) labs reported electronically that are automatically imported into WDRS.**



**Most workflow queries update every 10 minutes.** The frequency is based on the criticality of the workflow, as well as the burden on the system. Please allow 10 minutes before looking for changes that should cause an event to enter or exit a workflow.

This chapter contains a brief summary of the workflows available to Hepatitis investigators. Please refer to the [Hepatitis and GCD Local Health Jurisdiction Workflow Manual](#) for additional details on how to navigate the workflow screen.

## Hepatitis Workflow Categories

Each workflow display shows the workflow queues, the total count of events in the workflow, the priority, and when the workflow was last updated. GCD and Hepatitis are in separate workflows. The categories of workflows for hepatitis are Open events, Lab reports for review – action required, and Potential chronic hepatitis cases – action required.

Below are all workflows available to Hepatitis investigators.

| HEP.003 - Open events [LHJ]   |   |    |           |                       |
|---|---|----|-----------|-----------------------|
| ☆   | <a href="#">HEP - Open Acute Hepatitis B events [LHJ]</a>                           | 5  | Very High | 05/10/2018 03:33 PM ⓘ |
| ☆   | <a href="#">HEP - Open Acute Hepatitis C events [LHJ]</a>                           | 7  | Very High | 05/10/2018 03:33 PM ⓘ |
| ☆   | <a href="#">HEP - Open Perinatal Hepatitis B events [LHJ]</a>                       | 1  | Very High | 05/10/2018 03:33 PM ⓘ |
| ☆   | <a href="#">HEP - Chronic Hepatitis B cases for person born 1992 or later [LHJ]</a> | 1  | High      | 05/10/2018 03:33 PM ⓘ |
| ☆   | <a href="#">HEP - Chronic Hepatitis C cases for person born 1992 or later [LHJ]</a> | 0  | High      | 05/10/2018 03:33 PM ⓘ |
| ☆   | <a href="#">HEP - Open Chronic Hepatitis B events [LHJ]</a>                         | 5  | Medium    | 05/10/2018 03:33 PM ⓘ |
| ☆   | <a href="#">HEP - Open Chronic Hepatitis C events [LHJ]</a>                         | 8  | Medium    | 05/10/2018 03:33 PM ⓘ |
| ☆   | <a href="#">HEP - Open Perinatal Hepatitis C events [LHJ]</a>                       | 0  | Medium    | 05/10/2018 03:33 PM ⓘ |
| HEP.004 - Lab reports for review - action required [LHJ]            |   |    |           |                       |
| ☆   | <a href="#">HEP - Potential Acute HBV cases [LHJ]</a>                               | 1  | Very High | 05/10/2018 03:33 PM ⓘ |
| ☆   | <a href="#">HEP - Potential Acute HCV cases [LHJ]</a>                               | 0  | Very High | 05/10/2018 03:33 PM ⓘ |
| ☆   | <a href="#">HEP - Potential Perinatal HBV cases [LHJ]</a>                           | 0  | Very High | 05/10/2018 03:33 PM ⓘ |
| ☆   | <a href="#">HEP - Acute HBV cases that have become chronic infections [LHJ]</a>     | 0  | High      | 05/10/2018 03:33 PM ⓘ |
| ☆   | <a href="#">HEP - Acute HCV cases that have become chronic infections [LHJ]</a>     | 0  | High      | 05/10/2018 03:33 PM ⓘ |
| HEP.005 - Potential chronic hepatitis cases - action required [LHJ] |   |    |           |                       |
| ☆   | <a href="#">HEP - Hepatitis B cases with unconfirmed subtype [LHJ]</a>              | 12 | Medium    | 05/10/2018 03:33 PM ⓘ |
| ☆   | <a href="#">HEP - Hepatitis C cases with unconfirmed subtype [LHJ]</a>              | 11 | Medium    | 05/10/2018 03:33 PM ⓘ |

## ELR-Created Events

New events that are created as a result of an Electronic Laboratory Report (ELR) can be accessed in the workflow categories: **Lab reports for review – action required** and **Potential**

**chronic hepatitis cases – action required.** Events in these workflows will require review to determine whether they are acute, chronic or perinatal.

## Hepatitis Workflow Columns

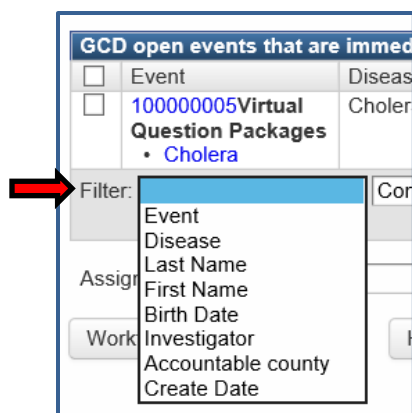
The display for each Hepatitis (HEP) workflow has a list of events that meet the criteria for the workflow. The columns of the display provide the identifying information for each event:

- Event – the case ID is an active link that will take you directly to the Event Summary screen.
- Full Name – last name and first name for case.
- Status – whether the event is open or closed.
- Create Date – the date the event was created in WDRS.
- Disease – condition associated with the event.
- Last Update – last date any update was made.
- Assigned To – person(s) to whom tasks for the event are assigned. (This is different from “Investigator”. This column displays the people to whom **Tasks** are assigned for the event.)
- Assigned To Group – group to whom the event is assigned.

| Workflow Details - HEP - Open Acute Hepatitis B events [LHJ]                 |                           |                  |        |             |                   |             |               |                   |
|--|---------------------------|------------------|--------|-------------|-------------------|-------------|---------------|-------------------|
| HEP - Open Acute Hepatitis B events [LHJ] (Last Update: 05/16/2018 01:46 PM) |                           |                  |        |             |                   |             |               |                   |
| <input type="checkbox"/>   | Event                     | Full Name        | Status | Create Date | Disease           | Last Update | Assigned To   | Assigned To Group |
| <input type="checkbox"/>   | <a href="#">100000021</a> | One, Person      | Open   | 05/16/2018  | Hepatitis B and D | 05/16/2018  |               |                   |
| <input type="checkbox"/>   | <a href="#">100000002</a> | Patient, Pretend | Open   | 05/14/2018  | Hepatitis B and D | 05/16/2018  | Izumi Chihara |                   |

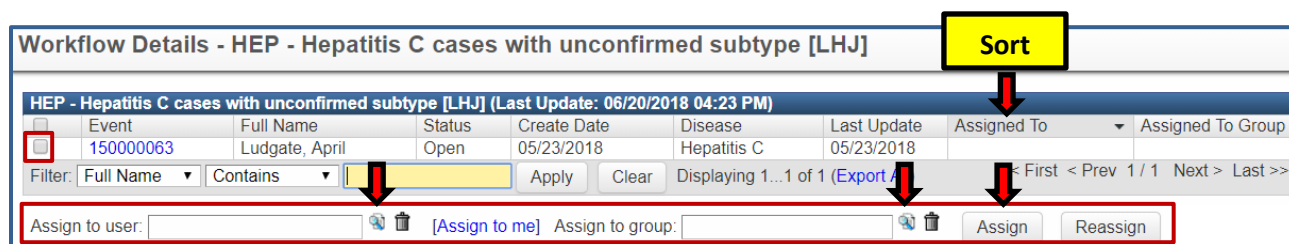
You can sort events in your workflow by clicking on any column header. You can filter events that appear in the workflow by selecting a ‘**Filter:**’ dropdown option, selecting the field for the filter, entering a condition, and clicking ‘**Apply**’. For example, you could filter for the disease as Hepatitis (includes all types) and then add an additional condition for last name. Click ‘**Clear**’ to remove the filter.

| Workflow Details - GCD open events immediately notifiable [LHJ]   |   |         |           |            |            |                 |                    |             |
|---|---|---------|-----------|------------|------------|-----------------|--------------------|-------------|
| GCD open events that are immediately notifiable [LHJ] (Last Update: 05/15/2018 09:04 AM)  |   |         |           |            |            |                 |                    |             |
| <input type="checkbox"/>  | Event   | Disease | Last Name | First Name | Birth Date | Investigator    | Accountable county | Create Date |
| <input type="checkbox"/>  | <a href="#">1000005</a> Virtual Question Packages | Cholera | Test      | Cholera    |            | Jennifer Hubber | Pierce County      | 05/15/2018  |
|   | • Cholera   |         |           |            |            |                 |                    |             |
| <div> <div>Filter:</div> <div>Contains</div> <div>Apply</div> <div>Clear</div> <div>Displaying 1...1 of 1 (<a href="#">Export All</a>)</div> </div> <div>&lt;&lt; First &lt; Prev 1 / 1 Next &gt; Last &gt;&gt;</div> |   |         |           |            |            |                 |                    |             |



## Assigning Events in a Workflow

You may assign a specific user or group to one or more events in a workflow. To assign an event, check the box(es) to the left of the **'Event'** column and select a user or group using the party picker magnifying glass icons. Click the **'Assign'** button. The main workflow page will now indicate which workflows contain events assigned to the user or group you have selected.



This functionality will effectively assign the user or group a **Task**, as shown on the **WDRS Home Page**. View the [Tasks](#) section of this document or the [Tasks Quick Reference Guide](#) for more information.

| Tasks                   |          |                   |                   |
|-------------------------|----------|-------------------|-------------------|
| Type                    | Priority | Full Name         | Disease           |
| Assignment              | Medium   | MAGENTA, RYAN20 T | Hepatitis B and D |
| Assignment              | Medium   | Ludgate, April    | Hepatitis C       |
| <a href="#">More...</a> |          |                   |                   |

Navigate to the Workflows page to keep track of events assigned to you. The workflow is named "Open Cases – Assigned to Current User" under the **Case Specific Monitors** category:

| Case Specific Monitors |   |       |
|------------------------|---|-------|
| ☆                      | <a href="#">Open Cases - Assigned to Current User</a> | 1 (1) |

## Summary of Hepatitis Workflows and Expected User Actions

There are 3 different categories of Hepatitis workflows for the local health jurisdiction user:

1. Open events
2. Lab reports for review
3. Potential chronic hepatitis cases

Tables 1, 2, and 3 describe workflows found in each category, expected user actions, and workflow priority level.

**Table 1. HEP.003 Open events [LHJ]**

| <b>Workflow</b>   | <b>Description</b>  | <b>Expected User Action</b>                       | <b>Priority</b> |
|---|---|---|-----------------|
| HEP - Open Acute Hepatitis B events [LHJ]                           | Acute events that need to be investigated. Enters when Acute HBV events are created.  | Exits when "LHJ record complete date" is entered. | Very High       |
| HEP - Open Acute Hepatitis C events [LHJ]                           | Acute events that need to be investigated. Enters when Acute HCV events are created.  | Exits when "LHJ record complete date" is entered. | Very High       |
| HEP - Open Perinatal Hepatitis B events [LHJ]                       | Perinatal HBV events that need to be investigated/completed. Enters when Perinatal HCV events are created.  | Exits when "LHJ record complete date" is entered. | Very High       |
| HEP - Chronic Hepatitis B cases for person born 1992 or later [LHJ] | Chronic HBV cases that may warrant investigation, due to potentially having a higher risk of transmitting disease. Enters when Chronic HBV cases with a date of birth of 1/1/92 or later are created. | Exits when "LHJ record complete date" is entered. | High            |
| HEP - Chronic Hepatitis C cases for person born 1992 or later [LHJ] | Chronic HCV cases that may warrant investigation, due to potentially having a higher risk of transmitting disease. Enters when Chronic HCV cases with a date of birth of 1/1/92 or later are created. | Exits when "LHJ record complete date" is entered. | High            |
| HEP - Open Chronic Hepatitis B events [LHJ]                         | Enters when Chronic B events are created.   | Exits when "LHJ record complete date" is entered. | Medium          |
| HEP - Open Chronic Hepatitis C events [LHJ]                         | Enters when Chronic C events are created.   | Exits when "LHJ record complete date" is entered. | Medium          |

|   |  |   |        |
|---|--|---|--------|
| HEP - Open Perinatal Hepatitis C events [LHJ] | Perinatal HCV events that need to be investigated. Enters when Perinatal HBV events are created. | Exits when "LHJ record complete date" is entered. | Medium |
|---|--|---|--------|

**Table 2. HEP.004 Lab reports for review – action required [LHJ]**

| <b>Workflow</b>   | <b>Description</b>  | <b>Expected User Action</b>                   | <b>Priority</b> |
|---|---|---|-----------------|
| HEP - Potential Acute HBV cases [LHJ]                           | Potential HBV cases that may be acute based on lab information.   | Exits when subtype is confirmed.              | Very High       |
| HEP - Potential Acute HCV cases [LHJ]                           | Potential HCV cases that may be acute based on high ALT values. Enters when a case with unconfirmed subtype has an ALT of greater than or equal to 200. | Exits when subtype is confirmed.              | Very High       |
| HEP - Potential Perinatal HBV cases [LHJ]                       | Potential HBV cases that may be perinatal based on lab information, and age is less than or equal to 24 months.   | Exits when subtype is confirmed.              | Very High       |
| HEP - Acute HBV cases that have become chronic infections [LHJ] | Acute HBV cases that may have become chronic infections based on new lab information.   | Exits when subtype is confirmed as "Chronic." | High            |
| HEP - Acute HCV cases that have become chronic infections [LHJ] | Acute HCV cases that may have become chronic infections based on new lab information.   | Exits when subtype is confirmed as "Chronic." | High            |

**Table 3. HEP.005 Potential chronic hepatitis cases – action required [LHJ]**

| <b>Workflow</b>  | <b>Description</b>   | <b>Expected User Action</b>      | <b>Priority</b> |
|--|--|----------------------------------|-----------------|
| HEP - Hepatitis B cases with unconfirmed subtype [LHJ] | Use this workflow to review Hepatitis B cases that may be chronic. | Exits when subtype is confirmed. | Medium          |
| HEP - Hepatitis C cases with unconfirmed subtype [LHJ] | Use this workflow to review Hepatitis C cases that may be chronic. | Exits when subtype is confirmed. | Medium          |



## Additional notes for workflows in: HEP.005 – Potential chronic hepatitis cases – action required [LHJ]

There is a function—“Mark as chronic”—that allows users to batch confirm cases as chronic in **1) HEP - Hepatitis B cases with unconfirmed subtype [LHJ]** and **2) HEP - Hepatitis C cases with unconfirmed subtype [LHJ]**:

| <input type="checkbox"/>            | Event     | Full Name            | Status | Cr |
|-------------------------------------|-----------|----------------------|--------|----|
| <input checked="" type="checkbox"/> | 100000002 | Test Hep L, Test Hep | Open   | 04 |

Filter:  Contains

Assign to user:

Mark as chronic Click here to mark selected cases as "Chronic" ←

However, you must clear certain workflow queues (see below for further instructions) before using the “Mark as chronic” button. This is because cases that appear in the potentially acute or perinatal workflows are **also** present in the potentially chronic workflows for each condition (Hepatitis B and C). It may take several minutes for the workflows to refresh and update.



**WARNING: You MUST clear certain workflows (see below for further instructions) FIRST before batch marking cases as chronic in these workflows. If not, you run the risk of incorrectly classifying acute or perinatal cases as chronic.**

If you are not comfortable using the “Mark as chronic” function, please review records individually and/or contact the Hepatitis team for assistance.

### Hepatitis B

- You can mark groups of potential chronic hepatitis B cases as “Chronic” **AFTER** clearing the following workflow queues.
  - HEP - Potential Acute HBV cases [LHJ]
  - HEP - Potential Perinatal HBV cases [LHJ]
- Clearing a workflow queue means that the number of cases in the workflow should equal 0. It may take several minutes for the workflows to refresh and update:

| HEP.004 - Lab reports for review - action required [LHJ] |   |   |           |                       |
|--|---|---|-----------|-----------------------|
| ☆  | HEP - Potential Acute HBV cases [LHJ]     | 0 | Very High | 05/23/2018 12:57 PM ⓘ |
| ☆  | HEP - Potential Perinatal HBV cases [LHJ] | 0 | Very High | 05/23/2018 12:57 PM ⓘ |

## Hepatitis C

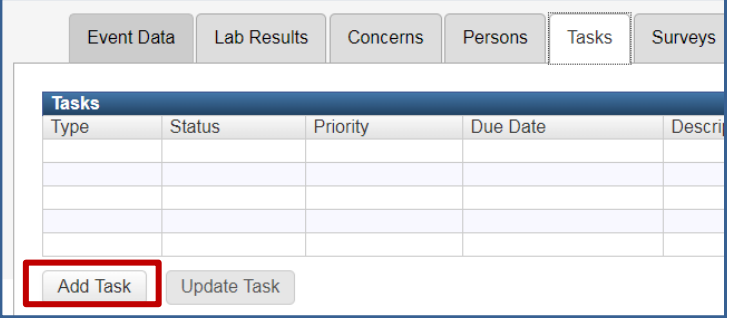
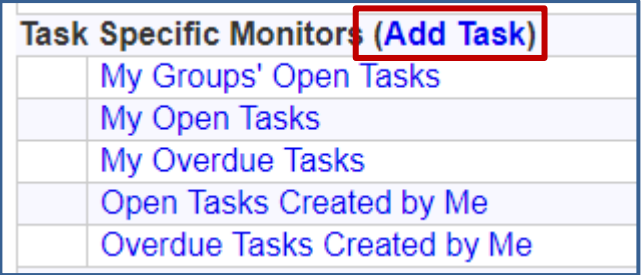
- You can mark groups of potential chronic hepatitis C cases as “Chronic” **AFTER** clearing the following workflow queues:
  - HEP - Potential Acute HCV cases [LHJ]
- Clearing a workflow queue means that the number of cases in the workflow should equal 0. It may take several minutes for the workflows to refresh and update:



|  |                                       |   |           |                       |
|--|---------------------------------------|---|-----------|-----------------------|
| HEP.004 - Lab reports for review - action required [LHJ] |                                       |   |           |                       |
| ☆  | HEP - Potential Acute HCV cases [LHJ] | 0 | Very High | 05/23/2018 12:57 PM ⓘ |

## Tasks

Tasks are activities that need to be completed for an event/case. Tasks are a way for you to delegate work and can be assigned to specific users or groups. They can have a due date and are updated manually as they are completed.

Tasks can be viewed and created in three places and the functionality can be different depending upon where you initiate the create task action:

| Where task is created   | How to create task   | Visual of where to create task   |
|---|--|--|
| From within an event using the <b>Tasks</b> tab on the <b>Event Summary</b> screen    | If you select the ‘Add Task’ button on the Tasks tab, you may only create an event-specific task.  |  |
| From the <b>Workflow Queues</b> page under the <b>Task Specific Monitors</b> category | If you select the ‘Add Task’ link from the <b>Workflow</b> page (under Task Specific Monitors), you can only create a general (non-event-specific) task. |  |

|  |   |  |
|--|---|--|
| From the <b>Tasks</b> icon on the <b>Dashboard</b> toolbar | If you click the Tasks icon  on the <b>toolbar</b> , you can create both – the task can be associated with the currently active event (if one is active) or it can be non-event-specific |  |
|--|---|--|

An example of a task that would be associated with a specific event is to ask a user to follow up on laboratory results. An example of a non-event specific task would be to ask a user (or group) to review lab results for all of the hepatitis events that have been received in their jurisdiction recently to check for similarities.

For more details on creating, editing, and completing tasks, see the [Task Quick Reference Guide](#).

## Reports

Various reports are available to Hepatitis investigators (see table below). Refer to the [Reports Quick Reference Guide](#) for a general overview on how to run a report. A data dictionary for all Hepatitis B & C reports can be found on the [Department of Health WDRS resource page](#).

### Available Reports for Hepatitis B & C:

| Report name  | Description   |
|--|---|
| <b>Hepatitis B &amp; C</b>                             |   |
| HEP Lab Report by Investigation Creation Date          | Lab export filtered by date the lab was entered into WDRS     |
| <b>Hepatitis B</b>                                     |   |
| Hepatitis B - Acute Report - (CDC Event Date)          | Line list of acute events filtered by CDC Event Date          |
| Hepatitis B - Acute Report - (LHJ Notification Date)   | Line list of acute events filtered by LHJ Notification Date   |
| Hepatitis B - Acute Report - (Record Creation Date)    | Line list of acute events filtered by record creation date    |
| Hepatitis B - Chronic Report - (CDC Event Date)        | Line list of chronic events filtered by CDC Event Date        |
| Hepatitis B - Chronic Report - (LHJ Notification Date) | Line list of chronic events filtered by LHJ Notification Date |

|  |   |
|--|---|
| Hepatitis B - Chronic Report - (Record Creation Date)  | Line list of chronic events filtered by record creation date  |
| <b>Hepatitis C</b>                                     |   |
| Hepatitis C - Acute Report - (CDC Event Date)          | Line list of acute events filtered by CDC Event Date          |
| Hepatitis C - Acute Report - (LHJ Notification Date)   | Line list of acute events filtered by LHJ Notification Date   |
| Hepatitis C - Acute Report - (Record Creation Date)    | Line list of acute events filtered by record creation date    |
| Hepatitis C - Chronic Report - (CDC Event Date)        | Line list of chronic events filtered by CDC Event Date        |
| Hepatitis C - Chronic Report - (LHJ Notification Date) | Line list of chronic events filtered by LHJ notification date |
| Hepatitis C - Chronic Report - (Record Creation Date)  | Line list of chronic events filtered by record creation date  |

**County of diagnosis (accountable county)** is not a required field to run a Hepatitis report. If you do not select a county, the report will generate a line list of all events that you have permissions to view (including events you created that might have a different accountable county).

County of diagnosis (accountable county):

Adams County  
Asotin County  
Benton County  
Chelan County

## Event Data Tab - Question Packages

Question packages can include (as applicable): [Administrative](#), [Communications](#), [Demographics](#), [Clinical Evaluation](#), [Pregnancy](#), [Birth](#), [Laboratory Diagnostics](#), [Exposure](#), [Linkage to Care](#), [Insurance](#), [Death](#), [PH Issues & Actions](#) and **CDC Notification**. Disregard the **CDC Notification** Question Package, which will be used by the DOH Hepatitis Program. To open a Question Package, double click on the question package name or single click to highlight the name and click on the 'View Question Package' button at the bottom of the list. Answer questions in order, from the top to bottom of the page.

## Administrative Question Package



**Please leave fields blank if the question was not asked or is not applicable.** Select **"Unknown"** only when there was an attempt to get the information and the answer is unknown.

## Overview


This section captures information on disease subtype (acute, chronic, or perinatal), reporting sources, case management, and information on disease outbreak.

## Hepatitis B & C

### Record Pending Deduplication

For DOH use only.

### Disease Status

| Disease Status  |   |
|---|---|
| Select 'Yes' to enter data for an ACUTE hepatitis C case  | Yes ▾                                   |
| Confirm acute case  | <input checked="" type="checkbox"/> Yes |
| By: Jennifer Hubber   |   |
| Date and time: 05/08/2018 11:56 AM  |   |
| Unlock  | <input type="checkbox"/> Yes            |
| Select 'Yes' to enter data for a CHRONIC hepatitis C case   | ▾                                       |
| Select 'Yes' to enter data for a PERINATAL case  | ▾                                       |

### Disease subtype

- The disease subtype (acute, chronic, and/or perinatal) will default to pending when you create an event. Data entered while in pending status will copy into the corresponding section for the subtype after you confirm.
- Do not change an existing acute event from acute to chronic.** Rather, add a chronic disease status in the Administrative question package. When an acute event is marked as complete in the Administrative question package, all acute fields in the Exposure question package will be locked.









### Confirm subtype

- Select 'yes' to confirm subtype (acute, chronic, or perinatal) as soon as possible. Additional question packages will become available after subtype is confirmed.
- After confirming subtype: Changing the subtype in the administrative question package, after data has been entered, will result in loss of all information entered in the wizard.**



### Report Source(s)

| Report Source(s)  |  |
|---|--|
| * Report source  | Healthcare provider ▾ <a href="#">Add New</a>  |
| * Report date   | 02/06/2018    |
| Report subtype  | Acute ▾  |
| Reporter  | Not answered   |
| Organization  | Not answered   |
| Telephone   | <input type="text"/>   |
| Legacy DOH case classification  | ▾  |

**Report source (♦)**

- This field is for documenting the source(s) that reported the hepatitis event to the investigator (e.g. via a lab report or reporting form).
- **Report date** is the date given on the report itself. For example, if the report source is a laboratory, the report date is the date the lab sent the report to the LHJ (e.g. date of fax submission). If there is no date on the report source, use the **LHJ notification date** (see below).
- **Report subtype** indicates for which disease subtype (acute, chronic or perinatal) the report was made. This is an important field to complete in order to distinguish report sources for a case that may have multiple disease subtypes (i.e. an acute case that becomes chronic).

**Event Administration**

| Acute Event Administration  |                      |
|---|----------------------|
| Acute Case ID   | <input type="text"/> |
| <a href="#">Select the reporting address to assign the county of diagnosis.</a>   |                      |
| Street address  | <input type="text"/> |
| Street address 2  | <input type="text"/> |
| City  | <input type="text"/> |
| State   | WA ▼                 |
| Zip code  | <input type="text"/> |
| County  | Grant County         |
| Country   | USA                  |
| Address type  | Home ▼               |
| Address within city limits  | ▼                    |
| Washington state resident   | Yes ▼                |
| * County of diagnosis (accountable county)  | Grant County ▼       |
| County of diagnosis (accountable county) override   | ▼                    |
| Record creation date  | 05/08/2018           |
| * LHJ notification date   | 05/01/2018           |
| * Investigator  | <input type="text"/> |
| * Investigation start date  | 05/02/2018           |
| * Investigation status  | In progress ▼        |
| LHJ investigation complete date   | MM/DD/YYYY           |
| LHJ case classification   | Confirmed ▼          |
| * LHJ record complete date  | <input type="text"/> |
| <p>LHJ record complete date will remain locked until all of the following fields have been answered: 1 - County of diagnosis (accountable county), 2 - LHJ notifications date, 3 - Investigator, 4 - Investigation Start Date, and 5 - Investigation Status</p> |                      |

**Address Information**

- Select the address at the time of reporting in Washington State. The county of diagnosis (accountable county) will autofill based on address selected.
- To edit or add an address, navigate to the **Event Summary** screen, click on the **Persons** tab, and select 'Edit Person'. You can also click on the hyper-linked name of the person in the **Basic Information** section, and select 'Edit Person' (see [Tips and Tricks](#)).

- If the record was created by an Electronic Laboratory Report (ELR) submission, the address will be entered into the person record automatically; you will still need to select the reporting address using the address selection link in the **Administrative** question package.
- If a residential address is not available, the address of the provider or laboratory will be used to assign a record to an accountable county.
- To enter address information for a person experiencing homelessness, select 'Other' for **Address Type**, then select 'Homeless' for **Residence Type**


#### LHJ notification date

- Enter the date that the LHJ was notified of the event.
- The **LHJ notification date** can be different than the **Report date**. For example, if King County received a Pierce County lab result dated 2/1 and sent the lab to Pierce County on 2/5, the **Report date** would be 2/1 and the **LHJ notification date** would be 2/5.

#### Investigator

- Use this field to record the investigator responsible for this event.
- Select the **search icon** to search for and select your WDRS username (this is the same as your SAW user ID).



\* Investigator 

**Search User**

**Search Criteria**

Username:

Status:

Role:

Group:

#### Investigation start date

- The investigation start date is the date the investigator initiated action on the event.


#### Investigation status

- The investigation status must be marked as "Complete," "Complete – not reportable to DOH," or "Unable to complete" to enter a record complete date.


#### LHJ investigation complete date

- The investigation complete date is entered when an LHJ has completed their active investigation. This date is different than the record complete date.

**LHJ record complete date**

- The record complete date is entered when the LHJ is ready to complete the event.
  - To complete an event, you must have the following fields answered:
    - County of diagnosis (accountable county).
    - LHJ notification date.
    - Investigator.
    - Investigation start date.
    - Investigation status.
    - Disease status. The hepatitis event must have a confirmed subtype (acute, chronic, or perinatal). An event cannot be closed with a pending subtype.
-  **Entering a date in this field will lock the acute event information, so all data entry for acute events must be complete before entering a record complete date.**

**Case Management**

| Case Management                   |  |
|-----------------------------------|--|
| Managing county notification date | 05/03/2018  |
| Managing county                   | DOH OID  |
| LHJ case ID                       |  |
| User                              | Jennifer Hubber  |
| Notes                             |  |

**Managing county notification date**

- The managing county is the county of residence at time of investigation.
- You can add a new managing county by selecting 'Add New'
- The most recent **Managing county** will have the ability to edit the record.
- Only the most recent managing county and the original county of diagnosis will have the ability to edit the record.

**Outbreak**

Only used in the event of an Outbreak. Call your state hepatitis contact in the event of an outbreak.

**Command Buttons**

Click 'Save' button to save your changes and return to the **Event Summary** screen. 'Save & Stay,' 'Cancel' and 'Help' buttons are also available options.

**Communications Question Package**



**Please leave fields blank if the question was not asked or is not applicable. Select "Unknown" only when there was an attempt to get the information and the answer is unknown.**



## Overview

Use this question package to record information about whether or not the case (patient) was interviewed and document interview attempts by the investigator(s).

## Hepatitis B & C

| Information Tracking        |  |
|-----------------------------|--|
| Subtype                     | Chronic ▼  |
| OK to talk with patient     | Yes ▼  |
| * Interview performed       | Yes ▼  |
| * Date of patient interview | 05/01/2018  <a href="#">Add New</a> |
| Interview type              | ▼  |
| Interview stage             | ▼  |
| * Interviewer               |  |
| Communications              |  |
| Information source          | Internal ▼ <a href="#">Add New</a>   |
| * Date                      | MM/DD/YYYY                          |
| Time                        |  |
| User                        | Jennifer Hubber  |
| Notes                       |  |

\* Indicates required field

### Information Tracking

#### Interview performed



- If “Yes,” additional questions will appear:
  - **Date of patient interview** is required to be filled in.
  - **Interview type**
    - If the case is interviewed, you can indicate what reporting form was used.
  - **Interview stage**
    - Indicate here whether the interview was an “Initial” or “Follow-up” communication.
  - **Interviewer**
    - Enter the name of the interviewer here (free text field).
- Multiple interviews can be recorded by selecting the ‘Add New’ button that appears next to **Date of patient interview**.



### Communications

#### Information source

- A response to this field triggers additional questions.
- Document case (patient) interview attempts by the investigator(s) by selecting “Internal.”

- Document communications about the case with a provider or medical facility by selecting **“Provider/medical facility.”**
  - Provider:** Use the **search icon** to select a provider. It is suggested that
    - you use the **‘Wildcard Function’** (see [Tips and Tricks](#)). 
  - Facility:** Use the **search icon** to select a facility name. It is suggested
    - that you use the **‘Wildcard Function’** (see [Tips and Tricks](#)). 
    - If the facility name is not on the search results list, type **“\*not listed”** in name box and hit search. Select **“Health Care Facility Not Listed”** or **“Laboratory Not Listed,”** then specify the name of the facility in the free text box provided.
- Document communications about the case with an informant (e.g. friend, family member, associate) by selecting **“Informant.”**
- Multiple communication attempts can be recorded by selecting the ‘Add New’ button that appears next to **Information source**.



## Command Buttons

Click ‘Save’ button to save your changes and return to the **Event Summary** screen. ‘Save & Stay,’ ‘Cancel’ and ‘Help’ buttons are also available options.

## Demographics Question Package



**Please leave fields blank if the question was not asked or is not applicable.** Select **“Unknown”** only when there was an attempt to get the information and the answer is unknown.

## Overview

This section captures demographic information such as address, date of birth, race, and ethnicity.

## Hepatitis B & C

### Screenshots

| Address Information   |  |
|---|--|
| Address is not editable in this question package. To edit or add address, go to the Edit Person screen. |  |
| Alternative Information Source  |  |
| Type ▾  | Friend <span style="border: 2px solid red; border-radius: 50%; padding: 2px;">Add New</span> |
| Name  |  |
| Phone number  |  |
| Email address   |  |
| General Demographics  |  |
| * Date of birth ⓘ   | 01/01/1990   |
| This is used to condition the DOB_1945 _1965 to only show if birthdate within those years               | 1990   |
| Age at time of reporting  | 28   |

|  |  |
|--|--|
| * Sex  | Female ▼   |
| * Current gender                                       | ▼  |
| Transgender  |  |
| * Ethnicity  | ▼  |
| * Race   | <input type="checkbox"/> American Indian or Alaska Native<br><input type="checkbox"/> Asian<br><input type="checkbox"/> Black or African American<br><input type="checkbox"/> Native Hawaiian or other Pacific Islander<br><input type="checkbox"/> White<br><input type="checkbox"/> Other race<br><input type="checkbox"/> Unknown |
| Country of birth                                       | ▼  |
| Other country of birth (if not listed above)           |  |
| Primary/preferred language                             |  |
| <b>Acute Occupation and Demographic Information</b>    |  |
| Patient is employed and/or student (including daycare) | <input type="checkbox"/> Employed<br><input type="checkbox"/> Student (including daycare)<br><input type="checkbox"/> Unknown  |

\* Indicates required field

## Address Information

Address information is not editable in the demographics question package. You can only select current address from the list of available contact points.

### Current Address

- For chronic cases, you can select current address from a list of available contact points.

| Address Information   |                    |
|---|--------------------|
| Address is not editable in this question package. To edit or add address, go to the Edit Person screen. |                    |
| <b>Chronic Current Address</b>  |                    |
| <a href="#">Select Current Chronic Address</a>  |                    |
| Street address  | 123 Pretend Street |
| Street address 2  |                    |
| City  | Seattle            |
| State   | WA ▼               |
| Zip code  |                    |
| County  | King County        |
| Country   | USA                |
| Address type  | Home ▼             |
| Address within city limits  | Yes ▼              |

| Choose Associated Address |            |                  |   |                   |                |  |
|---------------------------|------------|------------------|---|-------------------|----------------|--|
| Available Contact Points  |            |                  |   |                   |                |  |
| Start Date                | End Date   | Address Type     | Address   | Residence Type    | Address Status | Select                                     |
| 01/01/1900                | 01/01/2030 | Home             | 123 Pretend Street<br>Seattle, WA<br>King County      | Private Residence |                | <a href="#">Select as Official Address</a> |
| 01/01/1900                | 01/01/2030 | Home (Secondary) | 789 Fake Avenue<br>Camano Island, WA<br>Island County | Private Residence |                | <a href="#">Select as Official Address</a> |
| 01/01/1900                | 01/01/2030 | Work             | 456 Made Up Lane<br>Tacoma, WA<br>Pierce County       |                   |                | <a href="#">Select as Official Address</a> |

To edit or add an address, return to the **Event Summary** page, click on person in **Basic Information** and select 'Edit Person' (see [Tips and Tricks](#)).

## Alternative Information Source ( ♦ )

| Alternative Information Source |                                  |
|--------------------------------|----------------------------------|
| Type ▾                         | Friend ▾ <a href="#">Add New</a> |
| Name                           | FelixCat                         |
| Phone number                   | (123) 456-7891                   |
| Email address                  | FelixCat@gmail.com   x           |

This field is for adding contact information for additional sources of information. Multiple entries are possible by selecting the 'Add New' link.

## General Demographics

| General Demographics   |  |
|--|--|
| * Date of birth ⓘ  | 01/01/1990   |
| This is used to condition the DOB_1945_1965 to only show if birthdate within those years | 1990   |
| Age at time of reporting   |  |
| * Sex ⓘ  | Female ▾   |
| * Current gender   | ▾  |
| Transgender  |  |
| * Ethnicity  | ▾  |
| * Race   | <input type="checkbox"/> American Indian or Alaska Native<br><input type="checkbox"/> Asian<br><input type="checkbox"/> Black or African American<br><input type="checkbox"/> Native Hawaiian or other Pacific Islander<br><input type="checkbox"/> White<br><input type="checkbox"/> Other race<br><input type="checkbox"/> Unknown |
| Country of birth   | ▾  |
| Other country of birth (if not listed above)   |  |
| Primary/preferred language   |  |



**Sex, Current gender, Ethnicity, and Race** are required fields. If required fields are left unanswered, the status of the question package will be incomplete.

### Date of birth

- This field will autofill based on the birth date entered on the initial 'Person' page when the contact was created. To edit 'Birth Date' information, return to the **Event Summary** page and select the 'Persons' tab. Click the 'Edit Person' button to manage information about the patient (see [Tips and Tricks](#)).

### Age at time of reporting

- This field will autofill based on the birth date entered on the initial 'Person' page when the contact was created.

### Sex at birth




- This field will autofill based on the gender selected on the initial 'Person' page upon being created. It should be entered as the biological sex of the patient at birth.

- To edit 'Sex at birth' information, return to the **Event Summary** page and select the 'Persons' tab. Click the 'Edit Person' button to manage information about the patient (see [Tips and Tricks](#)).

### Primary/preferred language

- Indicate the language the patient prefers for communication by selecting the search icon and entering the name of the language. If you are unsure of spelling you can use the '[Wildcard Function](#)' (see [Tips and Tricks](#)).
- Once you have found the language desired, select from the list generated below by double clicking on the language or single click on the language and click the 'Select' button. You can remove languages with the trash icon next to the window.



|                            |         |   |
|----------------------------|---------|---|
| Primary/preferred language | Spanish |   |
| Translator needed          | Yes     |    |



### Command Buttons

Click 'Save' button to save your changes and return to the **Event Summary** screen. 'Save & Stay,' 'Cancel' and 'Help' buttons are also available options.

## Clinical Evaluation Question Package



**Please leave fields blank if the question was not asked or is not applicable.** Select "Unknown" only when there was an attempt to get the information and the answer is unknown.




### Overview

This section is for documenting a case's medical history.

### Hepatitis B

*Acute HBV cases*

### Onset and Diagnosis

| Onset and Diagnosis            |  |
|--------------------------------|--|
| <b>Acute Information</b>       |  |
| Age at acute diagnosis (years) | 18   |
| Illness duration (days)        |  |
| * Symptom onset date           | MM/DD/YYYY  |
| Derived onset date             |             |
| * Acute diagnosis date         | MM/DD/YYYY  |

| Reason(s) for Initial Screening (select all that apply)                                      |                             |
|--|-----------------------------|
| Symptoms of acute hepatitis (vomiting, diarrhea, abdominal pain, anorexia, nausea, or fever) | Yes ▼                       |
| Prenatal screening   | ▼                           |
| Follow-up testing for previous marker of viral hepatitis                                     | ▼                           |
| Blood/organ donor screening  | ▼                           |
| Elevated liver enzymes   | Yes ▼                       |
| Other reason for testing   | Yes ▼                       |
| Specify other reason for testing   | <input type="text"/>        |
| Settings of initial screening  | Emergency room/urgen care ▼ |

## Acute Information

- **Diagnosis date and Symptom onset date are required.** Age at acute diagnosis will auto calculate based on date of birth.

## Reason(s) for Initial Screening (select all that apply)

- Prenatal screening can be recorded only for women of childbearing age.
- If there is other reason for testing, specify (free text).

## Signs and Symptoms

| Signs and Symptoms  |            |
|---|------------|
| * Discrete onset of symptoms  | Yes ▼      |
| * Acute symptoms consistent with hepatitis (such as jaundice, vomiting, diarrhea, abdominal cramps, loss of appetite, fatigue, fever) | Yes ▼      |
| If diarrhea, onset date   | MM/DD/YYYY |
| * Pale stool, dark urine (jaundice)   | Yes ▼      |
| If yes, onset date  | MM/DD/YYYY |



- Fields marked with asterisks (\*) in this section are very important for classifying and reporting hepatitis events to CDC.

## Hospitalization

| Hospitalization                                    |                      |
|--|----------------------|
| Hospitalized at least overnight for this illness ☐ | Yes ▼ <b>Add New</b> |
| Hospital - facility name                           | Not answered         |
| Hospital record number                             | <input type="text"/> |
| Admitted date                                      | MM/DD/YYYY           |
| Discharged date                                    | MM/DD/YYYY           |
| Length of stay (days)                              | <input type="text"/> |

## Hospitalized at least overnight for this illness (◆)

- If 'Yes', additional questions will appear.
  - **Hospital - facility name:** Use the **search icon** to select a hospital name. It is suggested that you use the '[Wildcard Function](#)' (see [Tips and Tricks](#)).



- If the facility name is not on the search results list, type “**\*not listed**” in name box and hit search. Select **health care facility not listed** in search results box and type out the facility name in the specify hospital field.

## Vaccination History

| Vaccination History  |  |
|--|--|
| Subtype when immunity history assessed   | Acute <input type="button" value="v"/>             |
| Washington Immunization Information System (WA IIS) number                           | <input type="text"/>                               |
| Documented immunity to hepatitis A (due to either vaccination or previous infection) | Yes - vaccination <input type="button" value="v"/> |
| Number of doses of HBV vaccine in past   | 3 <input type="button" value="v"/>                 |

### Documented immunity to hepatitis A (due to either vaccination or previous infection)

- This question can be answered with ‘Yes – vaccination’, ‘Yes – previous infection’, ‘No’, or ‘Unknown’.

## Comorbidities

| Comorbidities                          |   |
|--|---|
| Diabetes                               | Yes <input type="button" value="v"/>                  |
| Diabetes diagnosis date                | MM/DD/YYYY <input type="button" value="calendar"/>    |
| Cirrhosis                              | Yes <input type="button" value="v"/>                  |
| Cirrhosis diagnosis date               | MM/DD/YYYY <input type="button" value="calendar"/>    |
| Ever diagnosed with liver cancer       | Yes <input type="button" value="v"/>                  |
| Liver cancer diagnosis date            | MM/DD/YYYY <input type="button" value="calendar"/>    |
| Decompensated cirrhosis                | Yes <input type="button" value="v"/>                  |
| Decompensated cirrhosis diagnosis date | MM/DD/YYYY <input type="button" value="calendar"/>    |
| Liver transplant                       | Yes <input type="button" value="v"/>                  |
| Liver transplant diagnosis date        | MM/DD/YYYY <input type="button" value="calendar"/>    |
| Renal dialysis                         | Yes <input type="button" value="v"/>                  |
| Renal dialysis diagnosis date          | MM/DD/YYYY <input type="button" value="calendar"/>    |
| Chronic kidney disease                 | Yes <input type="button" value="v"/>                  |
| Chronic kidney disease diagnosis date  | MM/DD/YYYY <input type="button" value="calendar"/>    |
| Patient ever tested for HIV            | Yes <input type="button" value="v"/>                  |
| Date of last test                      | MM/DD/YYYY <input type="button" value="calendar"/>    |
| Test result                            | <input type="text"/> <input type="button" value="v"/> |

Select yes, no, or unknown to the following:

- Diabetes
- Cirrhosis
- Ever diagnosed with liver cancer
- Decompensated cirrhosis
- Liver transplant
- Renal dialysis

- Chronic kidney disease
- HIV

Select yes, no, or unknown to each question on comorbidities.

- If 'Yes', additional questions will appear, such as diagnosis date.
  - For guidance on [uncertain dates](#), see the [Tips and Tricks](#) section of this document.

### *Chronic HBV cases*

## Onset and Diagnosis

| Onset and Diagnosis  |  |
|--|--|
| <b>Chronic Information</b>   |  |
| Year of acute diagnosis date, if known   | <input type="text"/>                           |
| * Chronic diagnosis date   | 03/19/2018                                     |
| Date of diagnosis accuracy   | Exact <input type="button" value="v"/>         |
| Date of diagnosis inexact date   | 03/19/2018 <input type="text"/>                |
| Age at chronic diagnosis (years)   | 19 <input type="text"/>                        |
| Age at diagnosis (patient reported)  | <input type="text"/>                           |
| <b>Reason(s) for Initial Screening (select all that apply)</b>                               |  |
| Symptoms of acute hepatitis (vomiting, diarrhea, abdominal pain, anorexia, nausea, or fever) | No <input type="button" value="v"/>            |
| Asymptomatic <u>with</u> risk factors  | Yes <input type="button" value="v"/>           |
| Asymptomatic <u>without</u> risk factors   | <input type="button" value="v"/>               |
| Prenatal screening   | Yes <input type="button" value="v"/>           |
| Follow-up testing for previous marker of viral hepatitis                                     | <input type="button" value="v"/>               |
| Blood/organ donor screening  | <input type="button" value="v"/>               |
| Elevated liver enzymes   | <input type="button" value="v"/>               |
| Other reason for testing   | Yes <input type="button" value="v"/>           |
| Specify other reason for testing   | <input type="text"/>                           |
| Settings of initial screening  | OB/GYN clinic <input type="button" value="v"/> |

## Chronic Information

**Chronic diagnosis date** is a required field.

- For guidance on [uncertain dates](#), see the [Tips and Tricks](#) section of this document.

## Age at chronic diagnosis





- Age is auto calculated based on birthdate and diagnosis date entered in previous question

## Reason(s) for Initial Screening (select all that apply)


- Prenatal screening can be recorded only for women of childbearing age.
- If there is other reason for testing, specify (free text).



## Hospitalization

| Hospitalization   |   |
|---|---|
| Hospitalized at least overnight for this illness <input type="checkbox"/> | Yes <input type="button" value="Add New"/>  |
| Hospital - facility name  | Not answered   |
| Hospital record number  | <input type="text"/>  |
| Admitted date   | MM/DD/YYYY    |
| Discharged date   | MM/DD/YYYY    |
| Length of stay (days)   | <input type="text"/>  |

### Hospitalized at least overnight for this illness (◆)

- If 'Yes', additional questions will appear.
  - Hospital - facility name:** Use the **search icon** to select a hospital name.   
It is suggested that you use the '[Wildcard Function](#)' (see [Tips and Tricks](#)).
    - If the facility name is not on the search results list, type **"\*not listed"** in name box and hit search. Select **health care facility not listed** in search results box and type out the facility name in the specify hospital field.








## Vaccination History

| Vaccination History  |  |
|--|--|
| Subtype when immunity history assessed   | Chronic <input type="button" value="v"/>           |
| Washington Immunization Information System (WA IIS) number                           | <input type="text"/>                               |
| Documented immunity to hepatitis A (due to either vaccination or previous infection) | Yes - vaccination <input type="button" value="v"/> |
| Number of doses of HAV vaccine in past   | 2 <input type="button" value="v"/>                 |

### Washington Immunization Information System (WA IIS) number

- WA IIS number (if available) can be entered as free text.

## Comorbidities

| Comorbidities                          |  |
|--|--|
| Diabetes                               | Yes <input type="button" value="v"/>   |
| Diabetes diagnosis date                | MM/DD/YYYY  |
| Cirrhosis                              | Yes <input type="button" value="v"/>   |
| Cirrhosis diagnosis date               | MM/DD/YYYY  |
| Ever diagnosed with liver cancer       | Yes <input type="button" value="v"/>   |
| Liver cancer diagnosis date            | MM/DD/YYYY  |
| Decompensated cirrhosis                | Yes <input type="button" value="v"/>   |
| Decompensated cirrhosis diagnosis date | MM/DD/YYYY  |
| Liver transplant                       | Yes <input type="button" value="v"/>   |
| Liver transplant diagnosis date        | MM/DD/YYYY  |
| Renal dialysis                         | Yes <input type="button" value="v"/>   |
| Renal dialysis diagnosis date          | MM/DD/YYYY  |
| Chronic kidney disease                 | Yes <input type="button" value="v"/>   |
| Chronic kidney disease diagnosis date  | MM/DD/YYYY  |

|                             |            |   |
|-----------------------------|------------|---|
| Patient ever tested for HCV | Yes        | ▼ |
| Date of last test           | MM/DD/YYYY |   |
| Test result                 |            | ▼ |
| Patient ever tested for HIV | Yes        | ▼ |
| Date of last test           | MM/DD/YYYY |   |
| Test result                 |            | ▼ |

Select yes, no, or unknown to the following:

- Diabetes
- Cirrhosis
- Ever diagnosed with liver cancer
- Decompensated cirrhosis
- Liver transplant
- Renal dialysis
- Chronic kidney disease
- HIV

Select yes, no, or unknown to each question on comorbidities.

- If 'Yes', additional questions will appear, such as diagnosis date.
  - For guidance on [uncertain dates](#), see the [Tips and Tricks](#) section of this document.

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*Perinatal HBV cases*

---

## Onset and Diagnosis

| Onset and Diagnosis  |            |
|--|------------|
| * Symptom onset date   | 03/20/2018 |
| <b>Enter date of testing as onset date.</b>  |            |
| Symptoms of acute hepatitis (vomiting, diarrhea, abdominal pain, anorexia, nausea, or fever) | No ▼       |
| Asymptomatic <u>with</u> risk factors  | Yes ▼      |
| Asymptomatic <u>without</u> risk factors   | ▼          |
| Settings of initial screening  | ▼          |
| Washington Immunization Information System (WA IIS) number                                   |            |
| Documented immunity to hepatitis A (due to either vaccination or previous infection)         | ▼          |
| Number of doses of HAV vaccine in past   | ▼          |

### Symptom onset date

- Enter date of testing as onset date

### Symptoms of acute hepatitis, Asymptomatic with risk factors

- Indicate whether symptomatic or asymptomatic.
- If asymptomatic, enter 'Yes' to Asymptomatic with risk factors.

- Because Perinatal cases always have a risk factor (i.e. born to an HBV-infected mother), the question “Asymptomatic without risk factors” will be removed from WDRS in the future.

### Washington Immunization Information System (WA IIS) number

- WA IIS number (if available) should be entered as free text.

## Hepatitis C

### Acute HCV cases

### Onset and Diagnosis

| Onset and Diagnosis  |            |
|--|------------|
| <b>Acute Information</b>   |            |
| Age at acute diagnosis (years)   | 28         |
| Illness duration (days)  |            |
| * Symptom onset date   | MM/DD/YYYY |
| Derived onset date   | ▼          |
| * Acute diagnosis date   | MM/DD/YYYY |
| <b>Reason(s) for Initial Screening (select all that apply)</b>                               |            |
| Symptoms of acute hepatitis (vomiting, diarrhea, abdominal pain, anorexia, nausea, or fever) | ▼          |
| Asymptomatic <u>with</u> risk factors  | ▼          |
| Asymptomatic <u>without</u> risk factors   | ▼          |
| Prenatal screening   | ▼          |
| Follow-up testing for previous marker of viral hepatitis                                     | ▼          |
| Blood/organ donor screening  | ▼          |
| Elevated liver enzymes   | ▼          |
| Other reason for testing   | Yes ▼      |
| Specify other reason for testing   |            |
| Settings of initial screening  | ▼          |

### Acute Information

**Diagnosis date and Symptom onset date are required.** For guidance on [uncertain dates](#), see [Tips and Tricks](#). Age at acute diagnosis will auto calculate based on date of birth.

### Reason(s) for Initial Screening (select all that apply)

- Prenatal screening can be recorded only for women of childbearing age.
- If there is other reason for testing, specify (free text).





### Signs and Symptoms

| Signs and Symptoms  |            |
|---|------------|
| * Discrete onset of symptoms  | Yes ▼      |
| * Acute symptoms consistent with hepatitis (such as jaundice, vomiting, diarrhea, abdominal cramps, loss of appetite, fatigue, fever) | Yes ▼      |
| If diarrhea, onset date   | MM/DD/YYYY |
| * Pale stool, dark urine (jaundice)   | Yes ▼      |
| If yes, onset date  | MM/DD/YYYY |




- Fields marked with asterisks (\*) in this section are very important for classifying and reporting hepatitis events to CDC.




## Hospitalization

| Hospitalization   |   |
|---|---|
| Hospitalized at least overnight for this illness <input type="checkbox"/> | Yes <span>▼</span> <span>Add New</span>   |
| Hospital - facility name  | Not answered   |
| Hospital record number  | <input type="text"/>  |
| Admitted date   | MM/DD/YYYY    |
| Discharged date   | MM/DD/YYYY    |
| Length of stay (days)   | <input type="text"/>  |

### Hospitalized at least overnight for this illness (◆)

- If 'Yes', additional questions will appear.
  - Hospital - facility name:** Use the **search icon** to select a hospital name.  It is suggested that you use the '[Wildcard Function](#)' (see [Tips and Tricks](#)).
    - If the facility name is not on the search results list, type **"\*not listed"** in name box and hit search. Select **health care facility not listed** in search results box and type out the name of the facility in the specify hospital field.

## Comorbidities

|                                  |  |
|----------------------------------|--|
| Diabetes                         | Yes <span>▼</span>   |
| Diabetes diagnosis date          | 01/08/2018  |
| Date accuracy                    | Exact <span>▼</span>   |
| Inexact date                     | 01/08/2018 <input type="text"/>  |
| Cirrhosis                        | Yes <span>▼</span>   |
| Cirrhosis diagnosis date         | 12/11/2017  |
| Date accuracy                    | Missing days <span>▼</span>  |
| Inexact date                     | 12/./2017 <input type="text"/>   |
| Ever diagnosed with liver cancer | Yes <span>▼</span>   |
| Liver cancer diagnosis date      | 03/08/2018  |
| Date accuracy                    | Missing months and days <span>▼</span>   |
| Inexact date                     | ././2018 <input type="text"/>  |
| Decompensated cirrhosis          | <input type="text"/> <span>▼</span>  |
| Liver transplant                 | <input type="text"/> <span>▼</span>  |
| Renal dialysis                   | <input type="text"/> <span>▼</span>  |
| Chronic kidney disease           | <input type="text"/> <span>▼</span>  |

Select yes, no, or unknown to the following:

- Diabetes

- Cirrhosis
- Ever diagnosed with liver cancer
- Decompensated cirrhosis
- Liver transplant
- Renal dialysis
- Chronic kidney disease

Select yes, no, or unknown to each question on comorbidities.

- If 'Yes', additional questions will appear, such as diagnosis date.
  - For guidance on [uncertain dates](#), see the [Tips and Tricks](#) section of this document.

### Chronic HCV cases

## Onset and Diagnosis

| Onset and Diagnosis                    |            |
|--|------------|
| <b>Chronic Information</b>             |            |
| Year of acute diagnosis date, if known |            |
| * Chronic diagnosis date               | 02/01/2018 |
| Date of diagnosis accuracy             | Exact      |
| Date of diagnosis inexact date         | 02/01/2018 |
| Age at chronic diagnosis (years)       | 28         |
| Age at diagnosis (patient reported)    |            |

**Diagnosis date** is a required field.

- For guidance on [uncertain dates](#), see the [Tips and Tricks](#) section of this document.


## Age at chronic diagnosis

- Age is auto calculated based on birthdate and diagnosis date entered in previous question



## Hospitalization

| Hospitalization                                  |                             |
|--|-----------------------------|
| Hospitalized at least overnight for this illness | Yes <a href="#">Add New</a> |
| Hospital - facility name                         | Not answered                |
| Hospital record number                           |                             |
| Admitted date                                    | 01/01/2018                  |
| Discharged date                                  | MM/DD/YYYY                  |
| Length of stay (days)                            |                             |

**Hospitalized at least overnight for this illness (◆)**

- If 'Yes', additional questions will appear.
  - **Hospital - facility name:** Use the **search icon** to select a hospital name.  It is suggested that you use the '[Wildcard Function](#)' (see [Tips and Tricks](#)).
    - If the facility name is not on the search results list, type "**\*not listed**" in name box and hit search. Select **health care facility not listed** in search results box and type out the name of the facility in the specify hospital field.

## Comorbidities

| Comorbidities                          |  |
|--|--|
| Diabetes                               | Yes <input type="button" value="v"/>   |
| Diabetes diagnosis date                | 01/01/2018  |
| Date accuracy                          | Exact <input type="button" value="v"/>   |
| Inexact date                           | 01/01/2018   |
| Cirrhosis                              | <input type="button" value="v"/>   |
| Ever diagnosed with liver cancer       | <input type="button" value="v"/>   |
| Decompensated cirrhosis                | Yes <input type="button" value="v"/>   |
| Decompensated cirrhosis diagnosis date | 01/01/2018  |
| Date accuracy                          | Exact <input type="button" value="v"/>   |
| Inexact date                           | 01/01/2018   |
| Liver transplant                       | <input type="button" value="v"/>   |
| Renal dialysis                         | <input type="button" value="v"/>   |
| Chronic kidney disease                 | <input type="button" value="v"/>   |

Select yes, no, or unknown to the following:

- Diabetes
- Cirrhosis
- Ever diagnosed with liver cancer
- Decompensated cirrhosis
- Liver transplant
- Renal dialysis
- Chronic kidney disease

Select yes, no, or unknown to each question on comorbidities.

- If 'Yes', additional questions will appear, such as diagnosis date.
  - For guidance on [uncertain dates](#), see the [Tips and Tricks](#) section of this document.



## Command Buttons

Click 'Save' button to save your changes and return to the **Event Summary** screen. 'Save & Stay,' 'Cancel' and 'Help' buttons are also available options.

## Pregnancy Question Package



**Please leave fields blank if the question was not asked or is not applicable.** Select “Unknown” only when there was an attempt to get the information and the answer is unknown.

### Overview

This section captures information on pregnancy and delivery. This section appears only for women aged 11 to 50. This section will not appear if date of birth is not entered.

### Hepatitis B & C

#### Screenshots

| Pregnancy Information                                    |   |
|--|---|
| Pregnant <input type="checkbox"/>                        | Yes <input type="button" value="Add New"/>  |
| Subtype at time of this pregnancy                        |   |
| * Estimated delivery date                                | MM/DD/YYYY <input type="button" value="Calendar"/>                                      |
| Delivery date  | MM/DD/YYYY <input type="button" value="Calendar"/>                                      |
| Delivery hospital  | Not answered <input type="button" value="Search"/> <input type="button" value="Clear"/> |
| OB name  | Not answered <input type="button" value="Search"/> <input type="button" value="Clear"/> |
| OB address   |   |
| OB phone   |   |
| Complications during pregnancy                           |   |
| Perinatal Hepatitis B Prevention Program (PHBPP) Case ID |   |

| Infant Information   |   |
|--|---|
| Would you like to add a new infant? <input type="checkbox"/>   | Yes <input type="button" value="Add New"/>  |
| Search for existing event <input type="button" value="i"/>   | Not answered <input type="button" value="Search"/> <input type="button" value="Clear"/> |
| Search for existing person <input type="button" value="i"/>  | Not answered <input type="button" value="Search"/> <input type="button" value="Clear"/> |
| Existing person not found - add new  |   |
| Infant's age calculated from date of birth   |   |
| Sex at birth   |   |
| <a href="#">Select Infant's Address</a>  |   |
| Infant's address not listed under mother's available contact points  | <input type="checkbox"/> Yes  |
| Street address   |   |
| Street address 2   |   |
| City   |   |
| State  |   |
| Zip code   |   |
| County   |   |
| Country  |   |
| Where was infant born  |   |
| Delivery facility  | Not answered <input type="button" value="Search"/> <input type="button" value="Clear"/> |
| Delivery provider  | Not answered <input type="button" value="Search"/> <input type="button" value="Clear"/> |
| <b>Create/Edit Infant</b>  |   |
| Are you ready to save and copy this information to the other event?  |   |
| <b>To edit fields, clear the copy question above.</b><br><b>When ready to commit changes, set copy question above to 'Yes' and save.</b> |   |

\* Indicates required field

---

*Acute and chronic HBV and HCV cases*

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**Pregnancy Information****Pregnant (♦) and Subtype at time of this pregnancy**

- Multiple pregnancies can be recorded by selecting the 'Add New' button.
- Different subtypes can be recorded for each pregnancy.


**Reported to Perinatal Hepatitis B Prevention Program (PHBPP)**

- Each pregnancy in an HBV-infected woman should be reported to the Perinatal Hepatitis B Prevention Program at her local health jurisdiction and at DOH.
- Enter 'Yes' if you have reported to PHBPP for this pregnancy.
- This field is required for any woman with chronic hepatitis B that is noted as pregnant at the time of initial report, or at the time of any subsequent positive test report.

**Estimated delivery date**

- Estimated delivery date is a required field. If delivery date is completely unknown, leave the field blank. If only the month and year are known, input the 1<sup>st</sup> for day.

**Delivery Hospital**

- Use the **search icon** to select a hospital name. It is suggested that you use the '[Wildcard Function](#)' (see [Tips and Tricks](#)).
  - If the facility name is not on the search results list, type **"\*not listed"** in name box and hit search. Select **health care facility not listed** in search results box and type out the name of the facility in the specify hospital field.

**OB Name**

- Use the **search icon** to select the name of the OB/GYN. If you are unsure of spelling you can use the '**Wildcard Function**' (see **Tips and Tricks**).
- Names of providers cannot be manually entered; you must select the name from the search results list.
  - If the provider name is not on the search results list, select 'Provider not listed' and specify the provider in the field 'Provider not listed – specify'.

**Perinatal Hepatitis B Prevention Program (PHBPP) Case ID**

- Each pregnancy in an HBV-infected woman should be reported to the Perinatal Hepatitis B Prevention Program for each pregnancy. The Case ID from the PHBPP module should be entered here.





## Infant Information

Always search for an existing event and person before adding a new one.

## Create/Edit Infant

| Create/Edit Infant  |  |
|---|--|
| Are you ready to save and copy this information to the other event?   | <input type="button" value="Yes"/> <input type="button" value="No"/> |
| <p><b>To edit fields, clear the copy question above.</b><br/> <b>When ready to commit changes, set copy question above to 'Yes' and save.</b></p> |  |

### Are you ready to save and copy this information to the other event

- Selecting 'yes' will copy the infant information entered in this QP to the new event
- The two events (mother and infant) will be linked. You can find the linked events under **Event Summary**.

| Event Summary  |   |
|--|---|
| <b>Basic Information</b>   |   |
| Event ID:  | 100000020   |
| Disease:   | Hepatitis C   |
| Person:  | <a href="#">Beth Johnson</a> Birth Date: 01/01/1986 ( 32 yo Female )    |
| Dates:   | Create Date: 02/21/2018   |
| Type:  | Interactive   |
| Investigation Status:  | Open ( <a href="#">Change to Closed</a> )                               |
| Linked Events/Contacts:  | 1 linked event(s)/contact(s) ( <a href="#">View</a> )                   |
| Linked Exposure Sites:   | 0 linked exposure site(s) ( <a href="#">View</a> )                      |
| Attachments:   | 0 attachment(s) ( <a href="#">Add</a> )                                 |
| Notices:   | <b>General Notifications (1)</b><br><a href="#">Vital Status: Alive</a> |
| <input type="button" value="Edit Event Properties"/> <input type="button" value="Copy Event"/> |   |

| Linked Events - Beth Johnson - Hepatitis C  |              |   |             |             |            |       |                          |              |   |
|---|--------------|---|-------------|-------------|------------|-------|--------------------------|--------------|---|
| <b>Filter Linked Events</b>                 |              |   |             |             |            |       |                          |              |   |
| Disease:                                    |              |   |             | Status:     |            |       |                          |              |   |
| <input type="button" value="Apply Filter"/> |              | <input type="button" value="Reset Filter"/> |             |             |            |       |                          |              |   |
| <b>Linked Events</b>                        |              |   |             |             |            |       |                          |              |   |
| Event ID                                    | Full Name    | Status                                      | Create Date | Disease     | Event Date | Text1 | Type                     | Relationship | Action                                      |
| <a href="#">100000040</a>                   | Brown, Derek | Open  | 02/21/2018  | Hepatitis C | 02/21/2018 |       | Hepatitis Mother - Child |              | <a href="#">Edit</a> <a href="#">Delete</a> |
| Displaying link(s) 1...1                    |              |   |             |             |            |       |                          |              |   |
| << First < Prev 1 / 1 Next > Last >>        |              |   |             |             |            |       |                          |              |   |

## Command Buttons



Click 'Save' button to save your changes and return to the **Event Summary** screen. A 'Cancel' and 'Help' button are also available options.

## Birth Question Package



Please leave fields blank if the question was not asked or is not applicable. Select “Unknown” only when there was an attempt to get the information and the answer is unknown.

### Overview

This section captures information about the birth, mother, and vaccination. This section appears only for perinatal cases.

### Hepatitis B

*Perinatal HBV cases*


#### Information About The Birth

| Information About The Birth |              |
|-----------------------------|--------------|
| Born inside US              | Yes          |
| Delivery hospital           | Not answered |

#### Born inside US

- Make changes to this question in the demographics question package, **Country of birth**. Only HBV-infected infants born in the United States can be counted as perinatal cases, so this variable is case-defining.

#### Delivery hospital

- Use the **search icon** to select a hospital name. It is suggested that you use the ‘[Wildcard Function](#)’ (see [Tips and Tricks](#)). 
  - If the facility name is not on the search results list, type “**\*not listed**” in name box and hit search. Select **health care facility not listed** in search results box and type out the name of the facility in the specify hospital field.

#### Maternal Information

| Maternal Information                 |  |
|--------------------------------------|--|
| Birth mother race or ethnicity known | Yes  |
| * Race                               | <input type="checkbox"/> American Indian or Alaska Native<br><input type="checkbox"/> Asian<br><input type="checkbox"/> Black or African American<br><input type="checkbox"/> Native Hawaiian or other Pacific Islander<br><input type="checkbox"/> White<br><input type="checkbox"/> Other race |
| * Ethnicity                          | Not Hispanic or Latino   |

|   |         |
|---|---------|
| Birth mother born outside of USA                                      | Yes     |
| Country   | Unknown |
| Birth mother confirmed HBsAg positive prior to or at time of delivery | Yes     |
| Birth mother confirmed HBsAg positive after delivery                  | Yes     |
| Birth mother confirmed Hepatitis B e antigen (HBeAg) positive         | Yes     |

### Birth mother race or ethnicity known

- If mother's race or ethnicity known, select 'Yes,' and additional questions will appear.

### Birth mother born outside of USA

- If 'Yes,' select the country of birth from the drop down list.

### Infant Vaccination History

| Infant Vaccination History                                 |                        |
|--|------------------------|
| Washington Immunization Information System (WA IIS) number |                        |
| Received HBIG  | Yes                    |
| * Date received  | 02/05/2018             |
| * Timing of HBIG   | 0-12 hours after birth |
| Received hepatitis B containing vaccine                    | Yes                    |
| Number of doses  | 2                      |
| Date of vaccine administration                             | 04/08/2018             |
| Vaccine administered (type)                                | Single-antigen HBV     |
| Information source   | WIIS                   |
| Vaccine brand name   | Engerix-B              |
| Vaccine manufacturer                                       |                        |
| Vaccine lot number   |                        |
| Administering provider                                     | Not answered           |
| Date of vaccine administration                             | 05/08/2018             |
| Vaccine administered (type)                                | HBV combination        |
| Information source   | WIIS                   |
| Vaccine brand name   | Comvax                 |
| Vaccine manufacturer                                       |                        |
| Vaccine lot number   |                        |
| Administering provider                                     | Not answered           |
| Perinatal Hepatitis B Prevention Program (PHBPP) Case ID   |                        |

\* Indicates required field

### Received HBIG

- Date received HBIG and Timing of HBIG are required fields.

**Received hepatitis B containing vaccine**

- If the patient received hepatitis B containing vaccine, enter the number of doses and date of vaccine administration.
- **Date of vaccine administration (◆)** is a required field
- If date of vaccine administration is entered, additional questions will appear.

**Command Buttons**

Click 'Save' button to save your changes and return to the **Event Summary** screen. 'Save & Stay,' 'Cancel' and 'Help' buttons are also available options.

## Laboratory Diagnostics Question Package



**Please leave fields blank if the question was not asked or is not applicable.** Select "Unknown" only when there was an attempt to get the information and the answer is unknown.

**Overview**

Use this question package to visualize and answer additional questions about laboratory results **already** entered in the 'Lab Results' tab (see below). Enter all laboratory results in the Lab Results tab by selecting 'Add Lab Result'.

| Labs    |                          |
|---------|--------------------------|
| Lab No. | Specimen collection date |
|         |                          |
|         |                          |
|         |                          |
|         |                          |
|         |                          |

Please refer to the [WDRS Lab Results Instruction Manual](#) for specific instructions on how to enter laboratory results. Please see [Appendix A](#) for an overview of required fields and tests for both Hepatitis B and Hepatitis C.



Please note: Just before go-live of WDRS on 6/25/2018, hepatitis labs received in Public Health Reporting of Electronic Data (PHRED) from 5/9/18 to 6/25/18 will be imported into WDRS by DOH.

Starting with go-live of WDRS on 6/25, DOH will perform a daily import of labs from PHRED into WDRS. This daily import will involve some standardization of lab data including test type (**WDRS test performed**) and result (**WDRS result coded** and **WDRS result summary**), as well as assigning accountable county. These daily-imported labs will create open events in WDRS that can be found and reviewed through various [workflows](#). After 6/25, PHRED will remain operational, but labs **do not** need to be printed from PHRED and manually entered into WDRS. The daily import of PHRED labs will continue until the launch of the DRIVE system (Disease Reporting Interoperability and Verification Engine), anticipated in December 2018.

## Hepatitis B & C

### Screenshots

Hepatitis B (note: more fields are available for those co-infected with Hepatitis D):

| Enter all laboratory results in the Investigation Template/Lab Tab. |                      |
|---|----------------------|
| Tests   |                      |
| Hepatitis B surface antigen (HBsAg)                                 | <input type="text"/> |
| Hepatitis B core antigen IgM (anti-HBc IgM)                         | <input type="text"/> |
| HBeAg   | <input type="text"/> |
| HBV DNA qualitative   | <input type="text"/> |
| HBV DNA quantitative  | <input type="text"/> |
| HBV genotype  | <input type="text"/> |
| Negative HBsAg within the prior six months                          | <input type="text"/> |
| Anti-HDV  | <input type="text"/> |
| HDV RNA   | <input type="text"/> |
| Lab test for acute HDV infection                                    | <input type="text"/> |
| Liver Enzyme Tests  |                      |
| AST (SGOT) collection date  | <input type="text"/> |
| ALT (SGPT) collection date  | <input type="text"/> |
| Liver Staging   |                      |
| Patient ever staged   | <input type="text"/> |
| Earliest Positive Lab Test  |                      |
| No data required for this section                                   |                      |

### Hepatitis C

| Enter all laboratory results in the Investigation Template/Lab Tab.  |                      |
|--|----------------------|
| Tests  |                      |
| Antibody to hepatitis C virus (anti-HCV)   | <input type="text"/> |
| * Hepatitis C antibody negative result followed by Hepatitis C antibody positive result collected within 12 months (test conversion) | <input type="text"/> |
| HCV RNA quantitative   | <input type="text"/> |
| HCV RNA qualitative  | <input type="text"/> |
| HCV genotype   | <input type="text"/> |
| Liver Enzyme Tests   |                      |
| AST (SGOT) collection date   | <input type="text"/> |
| ALT (SGPT) collection date   | <input type="text"/> |
| Liver Staging  |                      |
| Patient ever staged  | <input type="text"/> |

|   |                                   |
|---|-----------------------------------|
| Staging method description  | FibroSURE <a href="#">Add New</a> |
| CPT procedure code  |                                   |
| Date procedure was ordered  | MM/DD/YYYY                        |
| Date procedure was completed  | MM/DD/YYYY                        |
| Location (i.e. name of facility where procedure was performed)                | Not answered                      |
| Fibrosis stage  | F0-F1                             |
| Result/notes  | <div></div>                       |
| <b>Earliest Positive Lab Test</b><br><i>No data required for this section</i> |                                   |

## Tests

Lab results that are greyed out can be edited by navigating to the 'Lab Results' tab on the **Event Summary** page.



## Liver Staging

This section is optional and is not required to complete an investigation.

### Patient ever staged

- If 'Yes', additional questions will appear.

### Staging method description

- **"APRI score"**
  - Used to rule-out significant fibrosis and cirrhosis in hepatitis and non-alcoholic fatty liver disease.
- **"ARFI"**
  - Type of ultrasound used for the diagnosis and monitoring of cancers.
- **"Biopsy"**
- **"Fib-4"**
  - Index for estimating the amount of scarring in the liver.
- **"FibroSURE"**
  - Blood test that measures liver fibrosis and inflammation.
- **"Imaging (e.g. ultrasound, CT, MRI)"**
- **"Liver elastography (fibroscan)"**
  - Fibroscan: imaging study that evaluates the degree of liver stiffness or scarring.
- **"Other"**
  - If yes, specify other procedure.

### CPT procedure code

- Used for documenting medical procedures performed.

**Location (i.e. name of facility where procedure was performed)**

- Use the **search icon** to select the name of the facility where the procedure was performed. It is suggested that you use the '[Wildcard Function](#)' (see [Tips and Tricks](#)).
  - If the facility name is not on the search results list, type “**\*not listed**” in name box and hit search. Select **health care facility not listed** in search results box and type out the name of the facility in the specify hospital field.

**Command Buttons**

Click 'Save' button to save your changes and return to the **Event Summary** screen. 'Save & Stay,' 'Cancel' and 'Help' buttons are also available options.

## Exposure Question Package



**Please leave fields blank if the question was not asked or is not applicable.** Select “Unknown” only when there was an attempt to get the information and the answer is unknown.

**Overview**

This section captures information on hepatitis risk factors and possible exposures.

**Hepatitis B**

The Exposure question package will appear after disease status is confirmed in the administrative question package.

*Acute HBV cases*

**Acute Exposure Information**

| Acute Exposure Information  |                          |
|---|--------------------------|
| Exposure dates: 180 days before symptoms onset date to 45 days before symptoms onset date     | 07/19/2017 to 12/01/2017 |
| Travel out of state, out of the country or outside of usual routine                           | <input type="text"/>     |
| Case knows anyone with similar symptoms   | <input type="text"/>     |
| Contact with a confirmed or suspected hepatitis B case (acute or chronic)                     | <input type="text"/>     |
| Congregate living   | <input type="text"/>     |
| Any suspect medical or dental exposure  | <input type="text"/>     |
| Surgery (including outpatient), other medical procedures, hospitalized during exposure period | <input type="text"/>     |
| Hemodialysis  | <input type="text"/>     |
| IV or injection as outpatient/IV infusion or injection in outpatient setting                  | <input type="text"/>     |
| Transfusion, blood product or transplant  | <input type="text"/>     |
| Dental work or oral surgery   | <input type="text"/>     |
| Employed in job with potential for exposure to human blood or body fluids                     | <input type="text"/>     |
| Other exposure to someone else's blood (including first aid)                                  | <input type="text"/>     |
| Accidental stick or puncture with sharps contaminated with blood or body fluid                | <input type="text"/>     |
| Ear or body piercing  | <input type="text"/>     |

|   |                      |                      |
|---|----------------------|----------------------|
| Received acupuncture  | <input type="text"/> | <input type="text"/> |
| Tattoo recipient  | <input type="text"/> | <input type="text"/> |
| Shared razor, toothbrushes or nail care items                             | <input type="text"/> | <input type="text"/> |
| Non-injection street drug use/use street drugs                            | <input type="text"/> | <input type="text"/> |
| Injected drugs not prescribed by doctor, even if only once or a few times | <input type="text"/> | <input type="text"/> |
| Number of female sexual partners (during exposure period)                 | <input type="text"/> | <input type="text"/> |
| Number of male sexual partners (during exposure period)                   | <input type="text"/> | <input type="text"/> |
| Received treatment for an STD   | <input type="text"/> | <input type="text"/> |

**Exposure dates: 180 days before symptoms onset date to 14 days before symptoms onset date**

- Exposure dates will auto-calculate based on the symptom onset date entered in the [Clinical Evaluation](#) question package.

**Travel out of state, out of the country or outside of usual routine (♦)**

- If 'Yes,' select country, county, state, or unknown and select destination.

**Contact with a confirmed or suspected hepatitis B case (♦)**

- If 'Yes,' select type of contact.

**Congregate living (♦)**

- If 'Yes,' select type of congregate living.

**Any suspect medical or dental exposure**

- If 'Yes,' describe exposure.

|  |                          |
|--|--------------------------|
| Any suspect medical or dental exposure | Yes <input type="text"/> |
| Describe                               | <input type="text"/>     |

- A suspect medical or dental exposure includes any potential blood-borne exposure not otherwise listed.

**Ear or body piercing (♦)**

- If 'Yes,' additional follow up questions will appear:
  - Specify: specify the body site of the piercing.
  - Address/name: specify the address and name of the shop that performed the piercing.
  - Body piercing was performed at: select one of the following
    - Commercial parlor/shop.
    - Correctional facility.
    - Other.
      - If other, specify the location.



**Tattoo recipient (♦)**

- If 'Yes', additional follow up questions will appear:
  - Tattoo was performed at: select one of the following
    - Commercial parlor/shop.
    - Correctional facility.
    - Other.
      - If other, specify the location.

**Injected drugs not prescribed by doctor, even if only once or a few times**

- If 'Yes', additional follow up questions will appear:
  - Select injection drug use type.
  - **Make sure to check all that apply.**

**Acute Exposure Summary**

| Acute Exposure Summary                           |                 |
|--|-----------------|
| * Most likely exposure                           | Illicit drugs ▼ |
| Where did exposure probably occur                | In Washington ▼ |
| County   | ▼               |
| Exposure location name                           |                 |
| Exposure location address                        |                 |
| Exposure location details                        |                 |
| No risk factors or exposures could be identified | Yes ▼           |

**Most likely exposure**

- Most likely exposure is a required field. Unanswered required fields will show as incomplete in the Event Data tab status

---

*Chronic HBV cases*

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**Chronic Exposure Information**

| Chronic Exposure Information (if not otherwise specified report exposure information over the lifetime) |   |
|---|---|
| Received clotting factor concentrates   | ▼ |
| Received blood products   | ▼ |
| Received solid organ transplant   | ▼ |
| Other organ or tissue transplant recipient  | ▼ |
| Long term hemodialysis  | ▼ |
| Birth mother has history of hepatitis B infection   | ▼ |
| Employed in job with potential for exposure to human blood or body fluids                               | ▼ |
| Accidental stick or puncture with sharps contaminated with blood or body fluid                          | ▼ |
| History of occupational needle stick or splash  | ▼ |
| Ever had a finger stick/prick blood sugar test  | ▼ |
| Ear or body piercing  | ▼ |
| Ever received acupuncture   | ▼ |

|  |                      |   |
|--|----------------------|---|
| Tattoo recipient   | <input type="text"/> | ▼ |
| Non-injection street drug use/use street drugs                                 | <input type="text"/> | ▼ |
| History of incarceration   | <input type="text"/> | ▼ |
| Born outside US  | <input type="text"/> | ▼ |
| Contact with confirmed or suspect hepatitis B case (acute or chronic)          | <input type="text"/> | ▼ |
| Approximate number of lifetime sex partners                                    | <input type="text"/> | ▼ |
| Received treatment for an STD  | <input type="text"/> | ▼ |
| Ever injected drugs not prescribed by doctor, even if only once or a few times | <input type="text"/> | ▼ |

### Other organ or tissue transplant recipient

- If 'Yes,' select date
  - For guidance on [uncertain dates](#), see the [Tips and Tricks](#) section of this document.

### Ear or body piercing (♦)

- If 'Yes,' additional follow up questions will appear:
  - Specify: specify the body site of the piercing.
  - Address/name: specify the address and name of the shop that performed the piercing.
  - Body piercing was performed at: select one of the following
    - Commercial parlor/shop.
    - Correctional facility.
    - Other.
      - If other, specify the location.

### Tattoo recipient (♦)

- If 'Yes,' additional follow up questions will appear:
  - Tattoo was performed at: select one of the following
    - Commercial parlor/shop.
    - Correctional facility.
    - Other.
      - If other, specify the location.

### Contact with a confirmed or suspected hepatitis B case (acute or chronic) (♦)

- If 'Yes,' select type of contact.

### Ever injected drugs not prescribed by doctor, even if only once or a few times

- If 'Yes,' additional follow up questions will appear:
  - Select injection drug use type.
  - **Make sure to check all that apply.**



## Chronic Exposure Summary

| Chronic Exposure Summary                         |                 |
|--|-----------------|
| Where did exposure probably occur                | In Washington ▼ |
| County   | ▼               |
| * Most likely exposure                           | Acupuncture ▼   |
| Exposure location name                           |                 |
| Exposure location address                        |                 |
| Exposure location details                        |                 |
| No risk factors or exposures could be identified | Yes ▼           |
| * Indicates required field                       |                 |

### Most likely exposure

- Most likely exposure is a required field. Unanswered required fields will show as incomplete in the Event Data tab status



### Command Buttons

Click 'Save' button to save your changes and return to the **Event Summary** screen. 'Save & Stay,' 'Cancel' and 'Help' buttons are also available options.

### Hepatitis C



The Exposure question package will appear after disease status is confirmed in the administrative question package.

### Acute HCV cases

### Acute Exposure Information

| Acute Exposure Information  |                          |
|---|--------------------------|
| Exposure dates: 180 days before symptoms onset date to 14 days before symptoms onset date     | 07/19/2017 to 01/01/2018 |
| Travel out of state, out of the country or outside of usual routine                           | ▼                        |
| Case knows anyone with similar symptoms   | ▼                        |
| Contact with a confirmed or suspected hepatitis C case (acute or chronic)                     | ▼                        |
| Congregate living   | ▼                        |
| Any suspect medical or dental exposure  | ▼                        |
| Surgery (including outpatient), other medical procedures, hospitalized during exposure period | ▼                        |
| Hemodialysis  | ▼                        |
| IV or injection as outpatient/IV infusion or injection in outpatient setting                  | ▼                        |
| Transfusion, blood product or transplant  | ▼                        |
| Dental work or oral surgery   | ▼                        |
| Employed in job with potential for exposure to human blood or body fluids                     | ▼                        |
| Other exposure to someone else's blood (including first aid)                                  | ▼                        |
| Accidental stick or puncture with sharps contaminated with blood or body fluid                | ▼                        |
| Ear or body piercing  | ▼                        |
| Received acupuncture  | ▼                        |

|   |                      |                      |
|---|----------------------|----------------------|
| Tattoo recipient  | <input type="text"/> | <input type="text"/> |
| Shared razor, toothbrushes or nail care items                             | <input type="text"/> | <input type="text"/> |
| Non-injection street drug use/use street drugs                            | <input type="text"/> | <input type="text"/> |
| Injected drugs not prescribed by doctor, even if only once or a few times | <input type="text"/> | <input type="text"/> |
| Number of female sexual partners (during exposure period)                 | <input type="text"/> | <input type="text"/> |
| Number of male sexual partners (during exposure period)                   | <input type="text"/> | <input type="text"/> |
| Received treatment for an STD   | <input type="text"/> | <input type="text"/> |



Acute exposures are asking only about the exposure period, which is 180 days (6 months) before symptom onset to 14 days before symptom onset.

**Exposure dates: 180 days before symptoms onset date to 14 days before symptoms onset date**

- Exposure dates will auto-calculate based on the symptom onset date entered in the **Clinical Evaluation** question package.

**Travel out of state, out of the country or outside of usual routine (♦)**

- If 'Yes,' select country, county, state, or unknown and select destination.

**Contact with a confirmed or suspected hepatitis C case (♦)**

- If 'Yes,' select type of contact.

**Congregate living (♦)**

- If 'Yes,' select type of congregate living.

**Any suspect medical or dental exposure**

- If 'Yes,' describe exposure.

|  |                          |
|--|--------------------------|
| Any suspect medical or dental exposure | Yes <input type="text"/> |
| Describe                               | <input type="text"/>     |

- A suspect medical or dental exposure includes any potential blood-borne exposure not otherwise listed.

**Ear or body piercing (♦)**

- If 'Yes,' additional follow up questions will appear:
  - Specify: specify the body site of the piercing.
  - Address/name: specify the address and name of the shop that performed the piercing.
  - Body piercing was performed at: select one of the following
    - Commercial parlor/shop.
    - Correctional facility.
    - Other.
      - If other, specify the location.

**Tattoo recipient (♦)**

- If 'Yes', additional follow up questions will appear:
  - Tattoo was performed at: select one of the following
    - Commercial parlor/shop.
    - Correctional facility.
    - Other.
      - If other, specify the location.

**Ever injected drugs not prescribed by doctor, even if only once or a few times**

- If 'Yes', additional follow up questions will appear:
  - Select injection drug use type.
  - **Make sure to check all that apply.**

**Acute Exposure Summary**

| Acute Exposure Summary                           |                          |
|--|--------------------------|
| * Most likely exposure                           | <input type="text"/>     |
| Where did exposure probably occur                | <input type="text"/>     |
| Exposure location name                           | <input type="text"/>     |
| Exposure location address                        | <input type="text"/>     |
| Exposure location details                        | <input type="text"/>     |
| No risk factors or exposures could be identified | Yes <input type="text"/> |
| * Indicates required field                       |                          |

**Most likely exposure**

- Most likely exposure is a required field. Unanswered required fields will show as incomplete in the **Event Data** tab status.

---

*Chronic HCV cases*

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**Chronic Exposure Information**

| Chronic Exposure Information (if not otherwise specified report exposure information over the lifetime) |                      |
|---|----------------------|
| Received clotting factor concentrates   | <input type="text"/> |
| Received blood products   | <input type="text"/> |
| Received solid organ transplant   | <input type="text"/> |
| Other organ or tissue transplant recipient  | <input type="text"/> |
| Long term hemodialysis  | <input type="text"/> |
| Birth mother has history of hepatitis C infection   | <input type="text"/> |
| Employed in job with potential for exposure to human blood or body fluids                               | <input type="text"/> |
| Accidental stick or puncture with sharps contaminated with blood or body fluid                          | <input type="text"/> |
| History of occupational needle stick or splash  | <input type="text"/> |
| Ever had a finger stick/prick blood sugar test  | <input type="text"/> |

|  |                      |
|--|----------------------|
| Ear or body piercing   | <input type="text"/> |
| Ever received acupuncture  | <input type="text"/> |
| Tattoo recipient   | <input type="text"/> |
| Non-injection street drug use/use street drugs                                 | <input type="text"/> |
| History of incarceration   | <input type="text"/> |
| Born outside US  | <input type="text"/> |
| Contact with confirmed or suspected hepatitis C case (acute or chronic)        | <input type="text"/> |
| Approximate number of lifetime sex partners                                    | <input type="text"/> |
| Received treatment for an STD  | <input type="text"/> |
| Ever injected drugs not prescribed by doctor, even if only once or a few times | <input type="text"/> |

**Ear or body piercing (♦)**

- If 'Yes,' additional follow up questions will appear:
  - Specify: specify the body site of the piercing.
  - Address/name: specify the address and name of the shop that performed the piercing.
  - Body piercing was performed at: select one of the following
    - Commercial parlor/shop.
    - Correctional facility.
    - Other.
      - If other, specify the location.

**Tattoo recipient (♦)**

- If 'Yes,' additional follow up questions will appear:
  - Tattoo was performed at: select one of the following
    - Commercial parlor/shop.
    - Correctional facility.
    - Other.
      - If other, specify the location.

**Contact with a confirmed or suspected hepatitis C case (acute or chronic) (♦)**

- If 'Yes,' select type of contact.

**Ever injected drugs not prescribed by doctor, even if only once or a few times**

- If 'Yes,' additional follow up questions will appear:
  - Select injection drug use type.
  - **Make sure to check all that apply.**

**Chronic Exposure Summary**

| Chronic Exposure Summary          |                      |
|-----------------------------------|----------------------|
| Where did exposure probably occur | <input type="text"/> |
| * Most likely exposure            | <input type="text"/> |
| Exposure location name            | <input type="text"/> |

|  |                      |
|--|----------------------|
| Exposure location address                        | <input type="text"/> |
| Exposure location details                        | <input type="text"/> |
| No risk factors or exposures could be identified | Yes ▼                |
| * Indicates required field                       |                      |

### Most likely exposure

- Most likely exposure is a required field. Unanswered required fields will show as incomplete in the Event Data tab status

### Other organ or tissue transplant recipient

- If 'Yes,' select date
  - For guidance on [uncertain dates](#), see the [Tips and Tricks](#) section of this document.

## Command Buttons



Click 'Save' button to save your changes and return to the **Event Summary** screen. 'Save & Stay,' 'Cancel' and 'Help' buttons are also available options.

## Linkage to Care Question Package



**Please leave fields blank if the question was not asked or is not applicable.** Select "Unknown" only when there was an attempt to get the information and the answer is unknown.

## Overview

This section is for documenting a case's linkage to care and treatment history.

## Hepatitis B

### Screenshots

Acute

| Acute - Clinical Case Management Information                                 |  |
|--|--|
| * Patient has provider of care for hepatitis? ⓘ                              | Yes ▼                                  |
| Did the patient receive medication for the type of hepatitis being reported? | Yes ▼                                  |
| Specify medication name ⓘ  | Baraclude (entecavir) ▼ <b>Add New</b> |
| Dose (number)  | <input type="text"/>                   |
| Dose (units)   | ▼                                      |
| Frequency (per day)  | <input type="text"/>                   |
| Other frequency unit   | <input type="text"/>                   |
| Duration (number)  | <input type="text"/>                   |

|                               |                                      |
|-------------------------------|--------------------------------------|
| Duration (units)              | <input type="text"/>                 |
| * Start date                  | MM/DD/YYYY                           |
| * Treatment completed         | Yes <input type="button" value="v"/> |
| Completion date               | MM/DD/YYYY                           |
| * Spontaneous viral clearance | Yes <input type="button" value="v"/> |

**Chronic**

| Chronic - Clinical Case Management Information                               |  |
|--|--|
| * Was patient referred for care?   | Yes <input type="button" value="v"/>   |
| Patient seen or has appointment for medical management of HBV                | Yes <input type="button" value="v"/>   |
| PCP  | <input type="text"/>   |
| Specialist   | <input type="text"/>   |
| Date of last appointment for medical management of HBV                       | MM/DD/YYYY   |
| Did the patient receive medication for the type of hepatitis being reported? | Yes <input type="button" value="v"/>   |
| Specify medication name  | Baraclude (entecavir) <input type="button" value="v"/> <a href="#">Add New</a> |
| Dose (number)  | <input type="text"/>   |
| Dose (units)   | <input type="text"/>   |
| Frequency (per day)  | <input type="text"/>   |
| Other frequency unit   | <input type="text"/>   |
| Duration (number)  | <input type="text"/>   |
| Duration (units)   | <input type="text"/>   |
| * Start date   | MM/DD/YYYY   |
| * Treatment completed  | <input type="text"/>   |

*Acute HBV cases***Clinical Case Management Information****Patient has provider of care for hepatitis**

- This is defined as any healthcare provider that monitors or treats the patient for viral hepatitis.

**Spontaneous Viral Clearance**

- Indicate if the case has cleared the infection.

*Chronic HBV cases***Clinical Case Management Information****Was patient referred for care**

- If “Yes,” and patient has seen or has an appointment for medical management:



- Indicate whether the patient has seen/will see a Primary Care Physician (**PCP**) and/or a **Specialist**, and the date of the last appointment.
- If **“No,”** please specify the primary reason for why the patient was not referred for care.
- Select **“Unknown”** or leave field blank if unknown.

*Acute and chronic HBV cases*

## Clinical Case Management Information

### Did the patient receive medication for the type of hepatitis being reported (◆)

- If **“Yes”**, you will be able to record each medication the patient is taking and input additional information.
  - Each option includes a brand name and its generic name in parentheses.
  - If the medication of interest is not listed, choose **“Other”** and specify the drug.
  - **Frequency (per day)** is for a number value only.
    - If the frequency is different than per day, please specify the frequency under **Other frequency unit**.
  - Indicate the **Start date** of the medication.
    - If the start date is completely unknown, leave the field blank.
    - If only the month and year are known, input the 1<sup>st</sup> for day.
    - If only the year is known, input January 1<sup>st</sup> of that year.
  - **Treatment completed**
    - Indicate whether or not treatment was completed, if it is in progress, or if unknown (or leave field blank if unknown).
    - The response to this field may trigger additional questions to appear.

## Hepatitis C

### Screenshots

#### Acute

| Acute - Clinical Case Management Information                                 |  |
|--|--|
| * Patient has provider of care for hepatitis? ⓘ                              | Yes ▼                                      |
| Did the patient receive medication for the type of hepatitis being reported? | Yes ▼                                      |
| Specify medication name ⓘ  | CoPegus (ribavirin) <span>• Add New</span> |
| Dose (number)  |  |
| Dose (units)   | ▼  |
| Frequency (per day)  |  |
| Other frequency unit   |  |
| Duration (number)  |  |
| Duration (units)   | ▼  |
| * Start date   | MM/DD/YYYY                                 |
| * Treatment completed  | Yes ▼                                      |

|                               |            |
|-------------------------------|------------|
| Completion date               | MM/DD/YYYY |
| Expected HCV retest date      | MM/DD/YYYY |
| * Spontaneous viral clearance | Yes        |

## Chronic

| Chronic - Clinical Case Management Information                               |   |
|--|---|
| * Was patient referred for care?   | Yes   |
| Patient seen or has appointment for medical management of HCV                | Yes   |
| PCP  |   |
| Specialist   |   |
| Date of last appointment for medical management of HCV                       | MM/DD/YYYY                                  |
| Did the patient receive medication for the type of hepatitis being reported? | Yes   |
| Specify medication name  | CoPegus (ribavirin) <a href="#">Add New</a> |
| Dose (number)  |   |
| Dose (units)   |   |
| Frequency (per day)  |   |
| Other frequency unit   |   |
| Duration (number)  |   |
| Duration (units)   |   |
| * Start date   | MM/DD/YYYY                                  |
| * Treatment completed  | Yes   |
| Completion date  | MM/DD/YYYY                                  |
| Expected HCV retest date   | MM/DD/YYYY                                  |
| Achieved sustained virological response (SVR)                                | Yes   |
| SVR post-treatment time point  | 12 weeks <a href="#">Add New</a>            |

## Acute HCV cases

### Clinical Case Management Information

#### Patient has provider of care for hepatitis

- This is defined as any healthcare provider that monitors or treats the patient for viral hepatitis.

#### Spontaneous viral clearance

- Indicate if the case has cleared the infection.

## Chronic HCV cases

### Clinical Case Management Information

#### Was patient referred for care

- If **"Yes,"** and patient has seen or has an appointment for medical management:
  - Indicate whether the patient has seen/will see a Primary Care Physician (**PCP**) and/or a **Specialist**, and the date of the last appointment.
- If **"No,"** please specify the primary reason for why the patient was not referred for care.
- Select **"Unknown"** or leave field blank if unknown.

**Achieved sustained virological response (SVR)**

- If **“Yes,”**
  - Please indicate SVR post-treatment time point(s).
  - This field is to track follow-up visits after treatment is both successful and completed.
  - Available responses to select are: **“12 weeks,” “24 weeks”** or **“Other.”**
- If **“No,”**
  - Please indicate whether it was because of **“Treatment failure,” “Did not complete treatment”** or **“Other”** (and specify other reason).
  - Leave field blank if unknown.

---

*Acute and chronic HCV cases*

---

**Clinical Case Management Information****Did the patient receive medication for the type of hepatitis being reported?**

- If **“Yes”**, you will be able to record each medication the patient is taking and input additional information.
  - Each option includes a brand name and its generic name in parentheses.
  - If the medication of interest is not listed, choose **“Other”** and specify the drug.
  - **Frequency (per day)** is for a number value only.
    - If the frequency is different than per day, please specify the frequency under **Other frequency unit**.
  - Indicate the **Start date** of the medication.
    - If the start date is completely unknown, leave the field blank.
    - If only the month and year are known, input the 1<sup>st</sup> for day.
    - If only the year is known, input January 1<sup>st</sup> of that year.
  - **Treatment completed**
    - Indicate whether or not treatment was completed, if it is in progress, or if unknown (or leave field blank if unknown).
    - The response to this field may trigger additional questions to appear.

**Command Buttons**

Click ‘Save’ button to save your changes and return to the **Event Summary** screen. ‘Save & Stay,’ ‘Cancel’ and ‘Help’ buttons are also available options.

## Death Question Package



Please leave fields blank if the question was not asked or is not applicable. Select “Unknown” only when there was an attempt to get the information and the answer is unknown.

### Overview

This section captures information on date, cause, and location of death.

### Hepatitis B & C

#### Death Information

| Death Information  |                        |
|--|------------------------|
| <b>If deceased, please change the vital status and update date of death on the Edit Person screen.</b>               |                        |
| Deceased   | Dead ▼                 |
| Date of death  |                        |
| Source used to verify vital status   | Medical records ▼      |
| Death document ID  |                        |
| <b>Death Information</b>   |                        |
| Cause of death   | Hepatitis related ▼    |
| Place of death   | Emergency department ▼ |
| Autopsy performed  | No ▼                   |
| <b>Addresses are not editable in this question package. To edit or add an address, go the to Edit Person screen.</b> |                        |
| <a href="#">Select Residential Address at Death</a>  |                        |
| Address  |                        |
| City   |                        |
| State  | WA ▼                   |
| Zip code   |                        |
| County   | Grant County           |

#### Vital status

- To enter death data, the vital status must be marked as dead in the ‘Persons’ tab after the event has been created. See [Tips and Tricks](#) for more information on editing Person information.

| Edit Person   |                        |                         |
|---------------|------------------------|-------------------------|
| First Name:*  | Middle Name:           | Last Name:*             |
| Betty         |                        | Joe                     |
| Suffix:       |                        |                         |
|               |                        |                         |
| Birth Date:   | Sex assigned at birth: | Social Security Number: |
| 10/10/1954    | Female ▼               |                         |
| Death Date:   |                        |                         |
| 01/23/2018    |                        |                         |
| ExternalID:   |                        |                         |
| PGHEXRLTQMMP  |                        |                         |
| Vital status: |                        |                         |
| Dead ▼        |                        |                         |

### Date of death

- This field will autofill based on the death date entered on the initial **'Person'** page when the contact was created. To edit 'Date of death' information, return to the **Event Summary** page and select the 'Persons' tab. Click the 'Edit Person' button to manage information about the patient. (See [Tips and Tricks](#))

### Address

- The address at time of death is not editable in the death question package. The address will autofill or you can select 'residential address at death' and pick an address from the list of available contact points.
- To edit or add an address, you must select edit person in the **'Persons'** tab.

~~Addresses are not editable in this question package. To edit or add an address, go the to Edit Person screen.~~

Select Residential Address at Death

|          |              |
|----------|--------------|
| Address  |              |
| City     |              |
| State    | WA ▼         |
| Zip code |              |
| County   | Grant County |



### Command Buttons

Click 'Save' button to save your changes and return to the **Event Summary** screen. 'Save & Stay,' 'Cancel' and 'Help' buttons are also available options.

## PH Issues & Actions Question Package



**Please leave fields blank if the question was not asked or is not applicable.** Select **"Unknown"** only when there was an attempt to get the information and the answer is unknown.

### Overview

This section captures potential public health issues and record actions taken by anyone (likely the investigator or medical provider) as a result of a case's positive disease status.

### Hepatitis B

#### Screenshots

|  |                      |                                  |
|--|----------------------|----------------------------------|
| Referred to Perinatal Hepatitis B Prevention Program (PHBPP)   | <input type="text"/> | <input type="button" value="v"/> |
| <b>Acute Public Health Issues</b>  |                      |                                  |
| Employed as a health care worker   | Yes                  | <input type="button" value="v"/> |
| Patient in a dialysis or kidney transplant unit  | <input type="text"/> | <input type="button" value="v"/> |
| Did case donate blood products, organs or tissue (including ova or semen) in the 30 days before symptom onset                    | <input type="text"/> | <input type="button" value="v"/> |
| <b>Acute - Public Health Actions</b>   |                      |                                  |
| Notified blood or tissue bank (if recent donation)   | <input type="text"/> | <input type="button" value="v"/> |
| Counseled on measure to avoid transmission   | <input type="text"/> | <input type="button" value="v"/> |
| Recommended hepatitis A vaccination if at risk and susceptible   | <input type="text"/> | <input type="button" value="v"/> |
| Notified healthcare facility if case may have transmitted to others at facility  | <input type="text"/> | <input type="button" value="v"/> |
| Notified healthcare facility if case had suspected exposure at facility  | <input type="text"/> | <input type="button" value="v"/> |
| If case is health care worker performing invasive procedures, advise strict adherence to recommended infection control practices | <input type="text"/> | <input type="button" value="v"/> |
| Counseled patient regarding retesting in 3-6 months  | <input type="text"/> | <input type="button" value="v"/> |
| Woman counseled about pregnancy risks  | <input type="text"/> | <input type="button" value="v"/> |
| Counseled about transmission risk to baby if pregnant  | <input type="text"/> | <input type="button" value="v"/> |
| Investigate vaccine or postexposure prophylaxis failure  | <input type="text"/> | <input type="button" value="v"/> |
| Failure of vaccine or postexposure prophylaxis   | <input type="text"/> | <input type="button" value="v"/> |
| Other  | <input type="text"/> |                                  |
| * Evaluated contacts   | Yes                  | <input type="button" value="v"/> |
| Number of contacts evaluated   | <input type="text"/> |                                  |
| Recommended prophylaxis of contacts  | <input type="text"/> | <input type="button" value="v"/> |
| Recommended vaccination of contacts  | <input type="text"/> | <input type="button" value="v"/> |
| <b>Go to the Contacts question package to enter information about each contact</b>   |                      |                                  |
| * Indicates required field   |                      |                                  |

---

*All non-Perinatal HBV Cases*

---

## Public Health Actions

### Evaluated contacts

- Were any contacts of the case interviewed?
  - If “Yes,” go to the [Contacts](#) question package to enter information about each contact.
- 

*Acute HBV cases*

---

## Acute - Public Health Issues

### Employed as a health care worker

- If “Yes,” this will trigger additional questions under the Public Health Actions section.

**Did case donate blood products, organs or tissue (including ova or semen) in the 30 days before symptoms onset**

- If “Yes,” specify whether “Blood products,” “Organs,” or “Tissue (including ova or semen)” was donated.

**Acute - Public Health Actions**

**If case is health care worker performing invasive procedures, advise strict adherence to recommended infection control practices**

- This field will be available only if **Employed as a health care worker** is indicated as “Yes” under Public Health Issues section.
- Invasive procedures include anything that could facilitate blood borne transmission.

**Other**

- If other public health actions were taken, then specify (free text).

---

*Chronic HBV cases*

---

| Chronic - Public Health Issues  |                                      |
|---|--------------------------------------|
| Patient aware of hepatitis support agencies (e.g. Hepatitis Education Project)  | Yes <input type="button" value="v"/> |
| Recent blood products, organs or tissue (including ova or semen) donation       | Yes <input type="button" value="v"/> |
| Chronic - Public Health Actions   |                                      |
| Counseled on importance of regular healthcare to monitor liver health           | Yes <input type="button" value="v"/> |
| Counseled on avoidance of liver toxins (e.g. alcohol)                           | Yes <input type="button" value="v"/> |
| Recommend hepatitis A vaccination   | Yes <input type="button" value="v"/> |
| Counseled on measure to avoid transmission                                      | Yes <input type="button" value="v"/> |
| Counseled to not donate blood products, organs or tissues                       | Yes <input type="button" value="v"/> |
| Notified blood or tissue bank (if recent donation)                              | Yes <input type="button" value="v"/> |
| Counseled about transmission risk to baby if pregnant                           | Yes <input type="button" value="v"/> |
| Referred to Perinatal Hepatitis B Prevention Program (PHBPP)                    | Yes <input type="button" value="v"/> |
| Reinforced use of universal precautions, if HCW                                 | Yes <input type="button" value="v"/> |
| Counseled on harm reduction and places to access clean syringes, if current IDU | Yes <input type="button" value="v"/> |
| Provided contact information for hepatitis support agencies                     | Yes <input type="button" value="v"/> |
| Provided patient education materials about HBV                                  | Yes <input type="button" value="v"/> |
| Provided options for access to health care                                      | Yes <input type="button" value="v"/> |
| Provided information on alcohol/substance abuse treatment                       | Yes <input type="button" value="v"/> |

**Chronic- Public Health Actions**

**Referred to Perinatal Hepatitis B Prevention Program (PHBPP)**

- This question appears only for women aged 11 to 50. This question will not appear if date of birth is not entered.

*Perinatal HBV cases*

| Perinatal - Public Health Actions   |       |
|---|-------|
| Failure of vaccine or postexposure prophylaxis                                | Yes ▼ |
| Counseled parents about importance of Hep A and Hep B vaccines                | Yes ▼ |
| Counseled parents on importance of regular healthcare to monitor liver health | Yes ▼ |

### Perinatal - Public Health Actions

Failure of vaccine or post exposure prophylaxis can be indicated here.

## Hepatitis C

### Screenshots

Acute

| Referred to Perinatal Hepatitis B Prevention Program (PHBPP)   | ▼  |
|--|--|
| Acute Public Health Issues   |  |
| Employed as a health care worker   | Yes ▼                                    |
| Patient in a dialysis or kidney transplant unit  | ▼  |
| Did case donate blood products, organs or tissue (including ova or semen) in the 30 days before symptom onset                    | Yes ▼                                    |
| Specify type of donation ☐   | Blood products ▼ <a href="#">Add New</a> |
| Date   | MM/DD/YYYY                               |
| Agency name  |  |
| Location   |  |
| Acute - Public Health Actions  |  |
| Notified blood or tissue bank (if recent donation)   | ▼  |
| Counseled on measure to avoid transmission   | ▼  |
| Recommended hepatitis A vaccination if at risk and susceptible   | ▼  |
| Recommended hepatitis B vaccination if at risk and susceptible   | ▼  |
| Notified healthcare facility if case may have transmitted to others at facility  | ▼  |
| Notified healthcare facility if case had suspected exposure at facility  | ▼  |
| If case is health care worker performing invasive procedures, advise strict adherence to recommended infection control practices | ▼  |
| Counseled patient regarding retesting in 3-6 months  | ▼  |
| Other  |  |
| * Evaluated contacts   | Yes ▼                                    |
| Go to the Contacts question package to enter information about each contact  |  |
| * Indicates required field   |  |



## Chronic

| Chronic - Public Health Issues  |                          |
|---|--------------------------|
| Patient aware of hepatitis support agencies (e.g. Hepatitis Education Project)  | <input type="text"/>     |
| Recent blood products, organs or tissue (including ova or semen) donation       | <input type="text"/>     |
| Chronic - Public Health Actions   |                          |
| Recommended confirmatory testing  | <input type="text"/>     |
| Counseled on importance of regular healthcare to monitor liver health           | <input type="text"/>     |
| Counseled on avoidance of liver toxins (e.g. alcohol)                           | <input type="text"/>     |
| Recommend hepatitis A vaccination   | <input type="text"/>     |
| Recommend hepatitis B vaccination   | <input type="text"/>     |
| Counseled on measure to avoid transmission                                      | <input type="text"/>     |
| Counseled to not donate blood products, organs or tissues                       | <input type="text"/>     |
| Notified blood or tissue bank (if recent donation)                              | <input type="text"/>     |
| Counseled about transmission risk to baby if pregnant                           | <input type="text"/>     |
| Referred to Perinatal Hepatitis B Prevention Program (PHBPP)                    | <input type="text"/>     |
| Reinforced use of universal precautions, if HCW                                 | <input type="text"/>     |
| Counseled on harm reduction and places to access clean syringes, if current IDU | <input type="text"/>     |
| Provided contact information for hepatitis support agencies                     | <input type="text"/>     |
| Provided patient education materials about HCV                                  | <input type="text"/>     |
| Provided options for access to health care                                      | <input type="text"/>     |
| Provided information on alcohol/substance abuse treatment                       | <input type="text"/>     |
| Other public health action  | <input type="text"/>     |
| * Evaluated contacts  | Yes <input type="text"/> |
| Go to the Contacts question package to enter information about each contact     |                          |
| * Indicates required field  |                          |

*Acute HCV cases***Acute - Public Health Issues****Employed as a health care worker**

- If “Yes,” this will trigger additional questions to appear under the Public Health Actions section.

**Did case donate blood products, organs or tissue (including ova or semen) in the 30 days before symptoms onset**

- If “Yes,” specify whether “Blood products,” “Organs,” or “Tissue (including ova or semen)” was donated.

**Acute - Public Health Actions****If case is health care worker performing invasive procedures, advise strict adherence to recommended infection control practices**

- This field will be available only if **Employed as a health care worker** is indicated as “Yes” under Public Health Issues section.

- Invasive procedures include anything that could facilitate blood borne transmission.

#### Other

- If other public health actions were taken, then specify (free text).

#### *Chronic HCV cases*

### Chronic - Public Health Issues

#### Recent blood products, organs or tissue (including ova or semen) donation

- Did the case recently donate any blood products, organs or tissue, including ova or semen?

### Chronic - Public Health Actions

#### Other public health action

- If “Yes,” then specify (free text).

#### *Acute and chronic HCV cases*

### Public Health Actions

#### Evaluated contacts

- Were any contacts of the case interviewed?
- If “Yes,” go to the [Contacts](#) question package to enter information about each contact.



### Command Buttons

Click ‘Save’ button to save your changes and return to the **Event Summary** screen. ‘Save & Stay,’ ‘Cancel’ and ‘Help’ buttons are also available options.

## Contacts Question Package



**Please leave fields blank if the question was not asked or is not applicable.** Select “Unknown” only when there was an attempt to get the information and the answer is unknown.

### Overview

Use this section to record information about each contact that is evaluated for a case. This question package becomes available for a case if **Evaluated contacts** is marked as “Yes” in the [PH Issues & Actions](#) question package.



If your case is linked to a contact that becomes a new or is an existing WDRS case, the **contact** will have a question package available named “**Link to Original Patient.**” The information in this question package **is for reference only.**

## Hepatitis B & C


| Contacts Information  |  |
|---|--|
| Would you like to add a new contact?  | Yes ▾ <b>Add New</b>                                       |
| Date contact identified   | MM/DD/YYYY   |
| Search for existing event   | Not answered   |
| Search for existing person  | Not answered   |
| Existing person not found - add new   | <input type="text"/>                                       |
| Date of birth (hidden)  | <input type="text"/>                                       |
| Contact's age at time of identification   | <input type="text"/>                                       |
| Contact's age (DOB unknown)   | <input type="text"/>                                       |
| Gender  | <input type="text"/>                                       |
| Contact's telephone number  | <input type="text"/>                                       |
| Contact type  | <input type="text"/>                                       |
| Method of contact   | <input type="text"/>                                       |
| User  | <input type="text"/>                                       |
| OK to talk with this contact  | <input type="text"/>                                       |
| Interview category  | <input type="text"/>                                       |
| Contact interview date  | MM/DD/YYYY   |
| Referred to PCP for evaluation  | <input type="text"/>                                       |
| Note  | <div style="border: 1px solid #ccc; height: 100px;"></div> |
| <b>Create/Edit Contact</b>  |  |
| Are you ready to save and copy this information to the other event?   | <input type="text"/>                                       |
| <p><b>To edit fields, clear the copy question above.</b></p> <p><b>When ready to commit changes, set copy question above to 'Yes' and save.</b></p> |  |

### Contacts Information


#### Would you like to add a new contact?

- Selecting “Yes” to this question will trigger additional questions to appear.

#### Search for existing event

- Select the **search icon** to search for whether there is already an existing 1) person **and** 2) Hepatitis B or C event in WDRS for this contact. 
  - If you are unsure of spelling, you can use the ‘[Wildcard Function](#)’ (see [Tips and Tricks](#)).
- Select the appropriate event, if there is already both an existing 1) person and 2) Hepatitis B or C event in WDRS for the contact.


### Search for existing person

- Select the **search icon** to search for whether there is already an existing person in WDRS, **if you are certain that the person has not already been reported as having Hepatitis B or C in WDRS.** 
  - If you are unsure of spelling, you can use the '[Wildcard Function](#)' (see [Tips and Tricks](#)).
- Select the appropriate person, if there is already an existing person record in WDRS for the contact.

### Existing person not found – add new

- If you are sure that there is not an existing person/event record in WDRS for the contact:
  - For **known** Hepatitis B or C cases (e.g. contacts who have Hepatitis B or C laboratory results)
    - Select **“Add new person and event.”** This will trigger additional questions to appear.
  - For contacts that are **not known** to be Hepatitis B or C cases (e.g. contacts who were exposed to the original case, but not tested)
    - Select **“Not enough info to merit PH action.”** This will trigger additional questions to appear.

### User

- Use this field to record who evaluated the contact or is entering the data associated with the contact in this section.
- Select the **search icon** to search for and select your WDRS user name. 

### OK to talk with this contact

- Indicate if it is okay to reach out to this contact.
- If **“Later”** is selected, you can indicate the **Date patient can be contacted.**

### Interview category

- If the contact is interviewed, you can indicate what reporting form was used.

### Contact interview date

- If you are able to interview the contact, please indicate the date the interview occurred.

### Referred to PCP for evaluation

- Was the contact referred to a Primary Care Physician (PCP) for evaluation?

## Create/Edit Contact

### Are you ready to save and copy this information to the other event?

- Once you have completed the **“Contacts Information”** section:
  - If the contact becomes a new WDRS case or is already an existing WDRS case, select **“Yes.”** Information on this screen will be copied to a question package named **“Link to Original Patient”** in the **contact’s** case record.
  - If the contact is not known to be a Hepatitis B or C case, leave this field blank.
- Multiple contacts can be recorded by selecting the ‘Add New’ button that appears next to the selection box.



## Command Buttons

Click ‘Save’ button to save your changes and return to the **Event Summary** screen. ‘Save & Stay,’ ‘Cancel’ and ‘Help’ buttons are also available options.

## Appendix A. Required Lab Tests & Results



**Please leave fields blank if the question was not asked or is not applicable.** Select **“Unknown”** only when there was an attempt to get the information and the answer is unknown.

## Overview

Use this appendix as a guide to determine which laboratory tests and results are required to be entered. Enter all laboratory results in the Lab Results tab by selecting ‘Add Lab Result’ (see below). Please refer to the [Cross-domain Laboratory Manual](#) for specific instructions on how to enter laboratory results.

| Event Data   | Lab Results              | Concerns |      |  |         |                          |  |  |  |  |  |  |  |  |  |  |
|--|--------------------------|----------|------|--|---------|--------------------------|--|--|--|--|--|--|--|--|--|--|
| <table border="1"> <thead> <tr> <th colspan="2">Labs</th> </tr> <tr> <th>Lab No.</th> <th>Specimen collection date</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table> |                          |          | Labs |  | Lab No. | Specimen collection date |  |  |  |  |  |  |  |  |  |  |
| Labs   |                          |          |      |  |         |                          |  |  |  |  |  |  |  |  |  |  |
| Lab No.  | Specimen collection date |          |      |  |         |                          |  |  |  |  |  |  |  |  |  |  |
|  |                          |          |      |  |         |                          |  |  |  |  |  |  |  |  |  |  |
|  |                          |          |      |  |         |                          |  |  |  |  |  |  |  |  |  |  |
|  |                          |          |      |  |         |                          |  |  |  |  |  |  |  |  |  |  |
|  |                          |          |      |  |         |                          |  |  |  |  |  |  |  |  |  |  |
|  |                          |          |      |  |         |                          |  |  |  |  |  |  |  |  |  |  |
| <div> <span>Add Lab Result</span> <span>Update Lab Result</span> </div>  |                          |          |      |  |         |                          |  |  |  |  |  |  |  |  |  |  |

## Hepatitis B & C

### Brief overview of required tests to enter (if available):

| Hepatitis B                                 | Hepatitis C                                  |
|---|--|
| Alanine aminotransferase (ALT)              | Alanine aminotransferase (ALT)               |
| Hepatitis A IgM <sup>a</sup>                | HCV RNA (qual. and quant.)                   |
| Hepatitis B core antigen IgM (anti-HBc IgM) | Hepatitis A IgM <sup>a</sup>                 |
| Hepatitis B e antigen (HBeAg)               | Hepatitis B core antigen IgM (anti-HBc IgM)  |
| Hepatitis B genotype                        | Hepatitis C antibody                         |
| Hepatitis B surface antigen (HBsAg)         | Hepatitis C antibody signal-to-cut-off ratio |
| Hepatitis B virus DNA (qual. and quant.)    | Hepatitis C antigen <sup>b</sup>             |
| Hepatitis Delta (D) RNA                     | Hepatitis C genotype                         |
| Hepatitis Delta (D) antibody (anti-HDV)     |  |
| Hepatitis Delta (D) antigen                 |  |

<sup>a</sup> Result used to aid with differential diagnosis

<sup>b</sup> When an FDA-approved test is available

### Brief overview of required fields to enter:

- **Specimen identifier/accession number**
- **Specimen collection date**
- **WDRS test performed** (Test type)
- **WDRS test result, coded** if you are inputting non-numeric results (i.e. genotype)
- If a numeric result is given, enter:
  - **WDRS result, comparator, if present** (e.g. less than symbol)
  - **WDRS result, numeric only** (actual numeric result)
  - **WDRS units of measure, if present** (e.g. IU/mL)
- **WDRS result summary**, but not needed for ALT or other similar liver function values (e.g. positive, negative)
- **WDRS performing organization** (Test laboratory)
- **WDRS ordering provider** (Test provider)
  - *if not available, WDRS ordering facility* (Test facility)

## Required tests and fields for manual Hepatitis B lab entry in WDRS

| Test  | Alanine aminotransferase (ALT)                        | Hepatitis A IgM | Hepatitis B core antigen IgM (anti-HBc IgM) | Hepatitis B e antigen (HBeAg) | Hepatitis B genotype | Hepatitis B surface antigen (HBsAg) | Hepatitis B virus DNA, Qualitative | Hepatitis B virus DNA, Quantitative | Hepatitis Delta (D) RNA | Hepatitis Delta (D) antibody (anti-HDV) | Hepatitis Delta (D) antigen |
|---|---|-----------------|---|-------------------------------|----------------------|-------------------------------------|------------------------------------|-------------------------------------|-------------------------|---|-----------------------------|
| <b>Specimen</b>   |   |                 |   |                               |                      |                                     |                                    |                                     |                         |   |                             |
| Specimen identifier/accession number                                      | ✓   | ✓               | ✓   | ✓                             | ✓                    | ✓                                   | ✓                                  | ✓                                   | ✓                       | ✓                                       | ✓                           |
| Specimen collection date  | ✓   | ✓               | ✓   | ✓                             | ✓                    | ✓                                   | ✓                                  | ✓                                   | ✓                       | ✓                                       | ✓                           |
| <b>Test performed and result</b>  |   |                 |   |                               |                      |                                     |                                    |                                     |                         |   |                             |
| WDRS test performed ( <i>test type</i> )                                  | ✓   | ✓               | ✓   | ✓                             | ✓                    | ✓                                   | ✓                                  | ✓                                   | ✓                       | ✓                                       | ✓                           |
| WDRS test result, coded ( <i>i.e. non-numeric results like genotype</i> ) |   |                 |   |                               | ✓                    |                                     |                                    |                                     |                         |   |                             |
| WDRS test result, comparator ( <i>e.g. &lt; symbol</i> )                  | ✓, if present   |                 |   |                               |                      |                                     |                                    | ✓, if present                       | ✓, if present           |   |                             |
| WDRS result, numeric only ( <i>actual numeric result</i> )                | ✓   |                 |   |                               |                      |                                     |                                    | ✓                                   | ✓                       |   |                             |
| WDRS units of measure ( <i>e.g. IU/mL</i> )                               |   |                 |   |                               |                      |                                     |                                    | ✓                                   | ✓                       |   |                             |
| WDRS result summary ( <i>e.g. positive or negative</i> )                  |   | ✓               | ✓   | ✓                             | ✓                    | ✓                                   | ✓                                  | ✓                                   | ✓                       | ✓                                       | ✓                           |
| WDRS performing organization ( <i>Test laboratory</i> )                   | ✓   | ✓               | ✓   | ✓                             | ✓                    | ✓                                   | ✓                                  | ✓                                   | ✓                       | ✓                                       | ✓                           |
| <b>Ordering provider</b>  |   |                 |   |                               |                      |                                     |                                    |                                     |                         |   |                             |
| WDRS ordering provider ( <i>Test provider</i> )                           | ✓, but if not available, input WDRS ordering facility |                 |   |                               |                      |                                     |                                    |                                     |                         |   |                             |
| <b>Ordering facility</b>  |   |                 |   |                               |                      |                                     |                                    |                                     |                         |   |                             |
| WDRS ordering facility ( <i>Test facility</i> )                           | Only if no ordering provider                          |                 |   |                               |                      |                                     |                                    |                                     |                         |   |                             |

## Required tests and fields for manual Hepatitis C lab entry in WDRS

| Test   | Alanine<br>aminotransferase<br>(ALT)                  | HCV RNA<br>(NAT)<br>qualitative | HCV RNA<br>(NAT)<br>quantitative | Hepatitis<br>A IgM | Hepatitis<br>B core<br>antigen<br>IgM (anti-<br>HBc IgM) | Hepatitis<br>C<br>antibody | Hepatitis C<br>antibody<br>signal-to-cut-<br>off (s/co)<br>ratio | Hepatitis C<br>antigen<br>(when test<br>available) | Hepatitis<br>C<br>genotype |
|--|---|---------------------------------|----------------------------------|--------------------|--|----------------------------|--|--|----------------------------|
| Specimen   |   |                                 |                                  |                    |  |                            |  |  |                            |
| Specimen identifier/accession number                                 | ✓   | ✓                               | ✓                                | ✓                  | ✓  | ✓                          | ✓  | ✓  | ✓                          |
| Specimen collection date   | ✓   | ✓                               | ✓                                | ✓                  | ✓  | ✓                          | ✓  | ✓  | ✓                          |
| Test performed and result  |   |                                 |                                  |                    |  |                            |  |  |                            |
| WDRS test performed (test type)                                      | ✓   | ✓                               | ✓                                | ✓                  | ✓  | ✓                          | ✓  | ✓  | ✓                          |
| WDRS test result, coded (i.e. non-<br>numeric results like genotype) |   |                                 |                                  |                    |  |                            |  |  | ✓                          |
| WDRS test result, comparator (e.g. <<br>symbol)                      | ✓, if present   |                                 | ✓, if present                    |                    |  |                            | ✓, if present  |  |                            |
| WDRS result, numeric only (actual<br>numeric result)                 | ✓   |                                 | ✓                                |                    |  |                            | ✓  |  |                            |
| WDRS units of measure (e.g. IU/mL)                                   |   |                                 | ✓                                |                    |  |                            |  |  |                            |
| WDRS result summary (e.g. positive or<br>negative)                   |   | ✓                               | ✓                                | ✓                  | ✓  | ✓                          | ✓  | ✓  | ✓                          |
| WDRS performing organization (Test<br>laboratory)                    | ✓   | ✓                               | ✓                                | ✓                  | ✓  | ✓                          | ✓  | ✓  | ✓                          |
| Ordering provider  |   |                                 |                                  |                    |  |                            |  |  |                            |
| WDRS ordering provider (Test provider)                               | ✓, but if not available, input WDRS ordering facility |                                 |                                  |                    |  |                            |  |  |                            |
| Ordering facility  |   |                                 |                                  |                    |  |                            |  |  |                            |
| WDRS ordering facility (Test facility)                               | Only if no ordering provider                          |                                 |                                  |                    |  |                            |  |  |                            |



## Glossary: Terms Used in WDRS

**Dashboard:** A central location from which the user can access the various areas and functionality of the system as well as see an overview of user specific workflows, tasks, assignments and recent events. Referred to in this manual as the “home page.”

**Concern:** A message meant to notify the user of an issue regarding the event.

**County of diagnosis (accountable county):** This represents the county of residence at diagnosis, not the county where the testing was done.

**Event:** An "event" in WDRS represents the occurrence of a real-world event of interest to public health. These real-world events include but are not limited to:

- an occurrence of a reportable condition
- an investigation of suspected infection
- a contact/partner investigation
- the occurrence of an outbreak
- intervention activities
- maintenance of a disease registry

Most often, a WDRS event contains information about the association of a person with a disease or other health condition, for example, hepatitis, influenza, or blood lead poisoning. One person can be associated with one or more real-world events, with each real-world event being represented by a separate event in WDRS.

Some kinds of events are time-limited (for example, influenza); more than one event of the same kind can exist for the same person. Other kinds of events persist for the lifetime of the person (for example, HIV); only one event of this kind can exist for the same person.

Sometimes referred to in this guide as a “case” or “record”.

**Model:** A collection of information related to one of five disease groupings in WDRS: General Communicable Disease (GCD), Hepatitis (except A and E, which are part of GCD), Blood Lead, Sexually Transmitted Diseases/HIV and Tuberculosis (TB).

**Party:** A party in WDRS is an entity that participates in one or more events. A party is most commonly a person, either the subject of an event (a “patient”), or a provider. A party can also be an organization, such as a health care facility or laboratory.

**Question Packages:** Sets of fields related to a specific topic for a disease or condition. Question packages allow users to enter information related to an event, including but not limited to: demographics, clinical information, epidemiological information and public health actions/interventions. Different users can access different question packages as determined by the model, the disease, and the user's security settings.

**Wild Card:** An asterisk (\*) or a question mark (?) that can be used during searches (see the [WDRS Reference Guide](#) for more details).

**Workflow:** A list of events that meet specific criteria. An example of a workflow is a worklist of events that need follow-up action in order to be complete. When an event in a workflow is edited and that event no longer meets the criteria of interest, the event is removed from the workflow.